

An evaluation of the impacts of the decommissioning and reduction of Supporting People services in 2014, August 2014

To the Overview and Scrutiny Board on 22 October 2014

1. Introduction and purpose

Budget decisions made for the year 2014/15 and 2015/16 led to the decommissioning and reduction of several Supporting People services (now called support services) in 2014, with more to follow in 2015. This report evaluates impacts so far of the changes that have taken place- on clients, potential clients, referral agencies, other services and stakeholders. This is a first stage report and the evaluation of impacts is ongoing. The purpose of the evaluation, apart from showing effects of the changes, is to investigate need for prevention and early intervention services in order to support opportunities to disinvest in acute or reinvest in self care, early intervention and prevention services across the future Integrated Care Organisation.

The services that were decommissioned or reduced in May 2014 and are the focus of this report are:

- Community Outreach Support Service (COSS) and Social Inclusion Floating Support (SIFS) and brief intervention clinics for people aged 18+- decommissioned May 2014
- Criminal Justice Accommodation Service (CJAS)- 10 units of supported accommodation for offenders- decommissioned May 2014
- Support worker/alarm support in sheltered housing- funding ended in May 2014 but this may be continuing in some cases where funded by other means
- Housing link workers who worked within social care teams- funding ended in May 2014
- Folks @ Home outreach for people aged 55+- reduced by approximately half from May 2014
- Plus supported employment for people with a learning disability/ autistic spectrum condition- no new referrals and funding ends in December 2014

At 3 months since decommissioning and service reduction it is too early to notice any significant impacts. A caveat is that it is not possible to directly attribute trends in statistical data to the decommissioning and service reduction in support services as there are other changes also taking place that will have impacts. These include welfare reform, reduction in funding and resources in other service areas, and new ways of working- changes in assessment of social care need and packages.

2. Qualitative (anecdotal) information

Anecdotal information was gathered mainly by attending team meetings (in July-August) of statutory agencies that refer people to support services. Other information was gathered through email and telephone conversations. Organisations giving views included:

- Health and social care teams

- Community Mental Health Teams
- Team in Torbay hospital
- Probation service
- Torbay Council teams, including Housing Options and Safer Communities
- Agencies related to employment
- Support (formerly called Supporting People) services

2.1 Qualitative data findings

Main points raised are listed below:

- All stated it was **too early** to notice impacts or tell what the longer term impacts would be
- **Teams are spending more time doing work with clients that would previously have been carried out by support services**
 - This costs in resources
 - Teams having to learn about housing issues and gain knowledge but no time to do this
 - They say they do not have specialise expertise or resources of support services so client misses out
 - Without suitable accommodation there is risk of homelessness and reoffending so the required support to attain housing is carried out by the team as it is vital- spending time carrying out support roles which reduces ability to keep people safe
 - Some teams said clients are spending longer on their caseloads- but said other factors such as changes in their service areas could also have caused this
- **Referrals and enquiries made to social care teams and mental health teams requiring support services, particularly from GPs**
 - Most do not meet criteria for services- FACS criteria or mental health services- need low level support and would previously have been directly referred to a support service
 - People are referred to community voluntary services. Concerns that these organisations may not be able to help- for example due to complex needs or requirement for home visits which these organisations may not provide
 - Teams spend time trying to find suitable services for people to replace support services. There is often no suitable service so enquirers frequently return and it is felt they will eventually become referrals
- **Lack of floating support is leaving a gap in service provision which is needed, often there are no suitable services to signpost people to**
 - Teams gave examples of clients they would have referred to floating support if available. Frontline staff felt they were 'batting people away' by telling them there were no services to help them
 - The majority said that they referred to support services but two referrers said they rarely used them

- Other support services are receiving inappropriate referrals for clients who need floating support as no other services available
 - Partnership Commissioning Team receives MP and telephone enquiries for clients with need for floating support services but there are no services to offer
 - Lack of support is not satisfactory to unpaid carers who expect accommodation and support to be available for the people they care for. Carers are taking on more themselves
- **Clients are often referred to social care domiciliary (non personal) care agencies to provide support previously provided by floating support**
 - The services of these agencies are funded by some clients out of disablement benefits, for others it is funded by social care or a mixture of both
 - Use of social care funding instead of a support service is a 'cost shunt'
 - Where clients are funding it themselves they need a financial assessment which impacts on resources
 - One team stated that where clients have to fund services out of benefits, they often feel unable to budget for this and decline the service. This then risks their health worsening in the future. Support services, because of their short term nature, were free to the client so were more likely to be accepted and used
- **Loss of link worker posts impacts on work of the teams**
 - Major impact of loss of link worker posts- expert knowledge, advice and accessibility. Without the posts the pressure is on the teams. Loss of mental health knowledge- mental health a big problem in Torbay
 - Link workers worked on accessing accommodation where timescales were short- teams are not of housing experts and don't have time to do this
 - Link workers save money to the social care budget- a case could result in approx. 3 months extra residential care without link worker intervention
- **Less housing solutions are available- less supported accommodation or support to attain/maintain housing**
 - Loss of support services has led to delays in housing resolutions. Ex offenders may re-offend if they can't move on from inappropriate accommodation where there are influences from their previous lifestyles or if they can't maintain a tenancy
 - Criminal Justice Accommodation Service (CJAS) is a great loss as it filled a big gap in service type between Leonard Stocks Centre (LSC) and ROSW. CJAS was suitable for younger more vulnerable Probation clients. Without it clients can be in unsuitable accommodation or become of no fixed abode which increases risk
 - Cumulative impact of losing previous support services as well as more recent services. Lack of supported accommodation will be compounded when the contract for ROSW ends in March 2015.
- **Increase in risk and crisis**
 - It is too early yet for an increase in people going into crisis
 - Concern about lack of services in the community to prevent people going into crisis and to alert services to safeguarding issues. Support services prevented safeguarding issues

- When prioritising case loads, managing risk is prioritised and housing support comes lower down which increases the likelihood of the housing issue becoming a crisis situation
- Probation service- loss of partnerships to work with to manage risk
- Support services receiving referrals with higher need and carrying out more 'fire fighting role'
- **Impacts on other service areas**
 - Increase in rough sleeping- also due to the warmer weather and a general increase in homelessness
 - Loss of support to people in emergency temporary accommodation could mean increased length of stay and extra cost
 - A team in Torbay hospital noticed cases where loss of support services mean clients are struggling to cope with medical difficulties or engage with treatment or therapies, saying this will mean more appointments with medical and health professionals
 - Care Bill- focuses on prevention. It was felt that loss of services, without accessible alternative prevention services, will make it harder to fulfil this obligation
- **Impacts compounded by changes to/reduction of services in other areas**
 - Most teams said they had been reduced themselves/had minimal resources so less able to take on work previously carried out by support services
 - A team said that there was more pressure to move clients on from other service provision so need to find independent accommodation more quickly although the team more stretched- something which support services would have done. Risk of these clients becoming unwell again and going into crisis again
 - A team talked of new team members having less housing knowledge- so combined effect of less support services and less housing knowledge within the team
- **Loss of supported employment**
 - Many referrals by parents/carers or self referrals so harder to measure impacts
 - An agency said it is a useful support contract which gets people into the community. Impact will be on individual families and clients who currently get the support
 - Another agency said that alternative options for their younger clients who are school leavers are more about education and employability than paid employment. Other options are specialist provision outside of Torbay but these are not long term or about finding sustainable jobs
 - Need team around the client offering intensive support to link up with appropriate employers in the local area- which Pluss provides
 - One agency said they had not noticed an impact and use Department of Work and Pensions contracts such as Workchoice and Access to Work
- **Teams and those consulted voiced concerns about the services due to lose funding in 2015**
 - Mental health teams are very concerned about ROSW ending. It was said that this is the only type of supported accommodation between residential care and LSC

- Teams are very concerned about the potential loss of LSC and Jatis, particularly Housing Options and the Probation Service
- Concern about proposals to withdraw funding for street wardens, compounding loss of services such as LSC and Jatis

3. Quantitative (statistical) data

This includes monitoring that was identified in the Equality Impact Assessments completed for each service as part of the budget process- where this data was found to be available. It also includes other data considered relevant by those consulted with. Data was requested quarterly from 1 April 2014, with reports requested for 2012/13 and 2013/14 for comparison purposes. As explained previously, it will not be possible to directly attribute trends in figures to the ending/reducing of support services as there are other changes taking place that will also impact on these figures.

3.1. Adult Social Care data

Fig1. Residential and nursing care	2012/13				2013/14				2014/15
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1
Number of permanent social care admissions to residential care- by primary care group									
Physical disability	24	29	43	23	20	29	30	30	28
Mental health	21	21	36	35	32	24	16	26	19
Learning disability	Under 5	Under 5	Under 5	Under 5	0	Under 5	0	Under 5	Under 5
Substance misuse and other vulnerable people*	Under 5	7	Under 5	Under 5	5	6	6	Under 5	Under 5
Total	46	58	81	62	57	62	52	59	53
Permanent admissions to residential and nursing care homes, per 100,000 population	38.7	48.8	68.1	52.2	53.6	58.3	48.9	55.5	49.8**

Source: Torbay and Southern Devon Health and Care NHS Trust

* Numbers can be skewed by poor reporting

** 2014/15 population is set as 2013/14 until 2014/15 population is published

Numbers and rates of admissions to care have fluctuated over the quarters but remain similar overall.

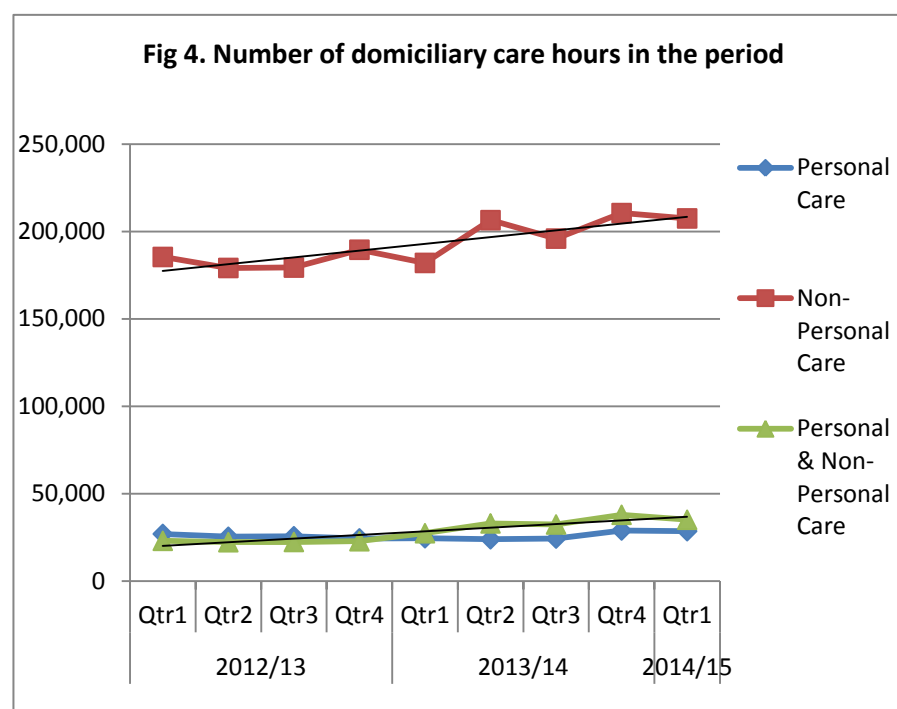
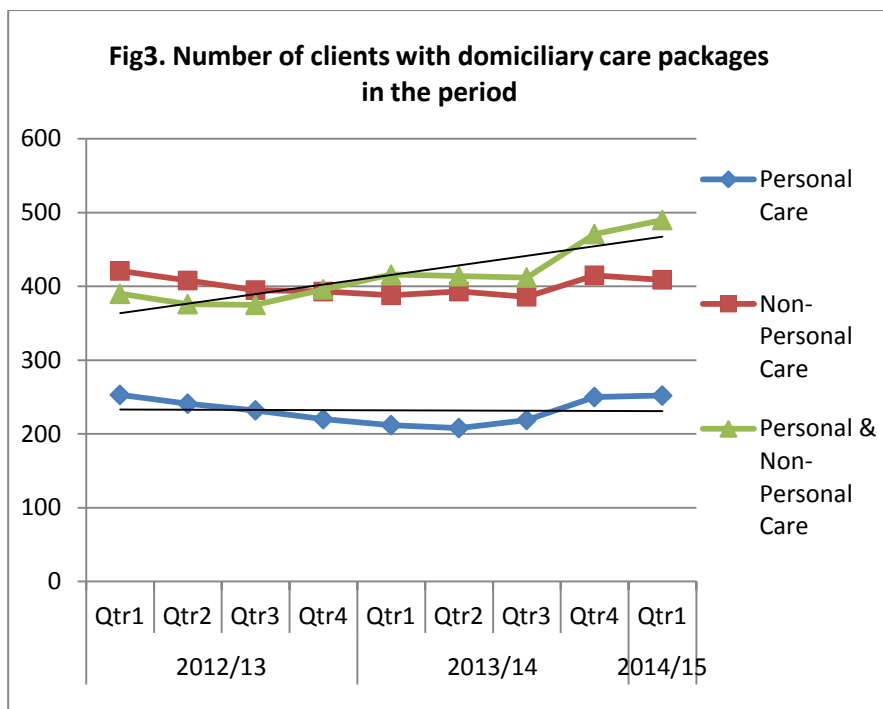
Fig2. Care services

	2012/13				2013/14				2014/15
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1
Number of statutory care assessments of new clients	583	591	620	581	616	606	531	582	543
Number of people with short break vouchers and number of short break vouchers in the quarter- by carer age									
18-64	20	12	15	14	16	9	17	15	12
65+	24	31	25	25	35	33	25	29	32
Total	44	43	40	39	51	42	42	44	44
Number of clients with domiciliary care packages in the quarter- by personal and non-personal care (displayed in chart form Fig3 overleaf)									
Personal Care	253	241	232	220	212	208	219	250	252
Non-Personal Care	421	408	395	393	388	393	386	415	409
Personal and Non-Personal Care	390	376	375	396	416	414	412	471	490
Number of domiciliary care hours in quarter- by personal and non-personal care (displayed in chart form Fig4 overleaf)									
Personal Care	26,910	25,290	25,595	24,362	24,447	23,847	24,256	28,861	28,471
Non-Personal Care	185,369	179,076	179,315	189,506	181,975	206,431	195,885	210,472	207,427
Personal and Non-Personal Care	22,965	22,173	22,305	22,725	27,315	32,923	32,313	37,853	35,010
Number referred to Reablement services	0	25	41	46	49	39	36	31	29
Number of face to face visits by health visitors in period	7,757	6,479	5,649	3688*	7,559	7,647	7,448	5379*	4,590*
Number referred to Community learning Disability team	21	29	27	36	26	25	27	20	23

Source: Torbay and Southern Devon Health and Care NHS Trust

* Quarter 4 figures typically under reported due to late data entry. Could be effected by late data entry

Number of people receiving short break vouchers has remained similar over the quarters. Domiciliary care package figures are shown in chart form overleaf. Referrals to reablement services have seen a gradual decrease in the last year. Number of visits by health visitors has fluctuated over the period but the last 2 quarters could be affected by late data entry. The number of people referred to the Community Learning Disability Team has fluctuated



Source: Torbay and Southern Devon Health and Care NHS Trust

Fig3 shows that the number of clients receiving a package of personal and non personal care combined has increased over the period with a higher number of clients receiving this combined package than just personal care or non personal care packages. In Fig4 the number of hours provided for non personal care has shown an increase in trend and far more hours are provided than for personal care or personal and non personal care combined.

Fig5. Adult Social Care Outcomes Framework indicators

	2012/13	2013/14	2014/15 (Qtr1)
ASC-1H Proportion of adults in contact with secondary mental health services in settled accommodation	77%	66%	65%
ASC-1E Proportion of adults with a learning disability in paid employment	5.1%	4.4%	4.4%
ASC-1F Proportion of adults in contact with secondary mental health services in paid employment	5.5%	2.5%	1.8%

Source: Torbay and Southern Devon Health and Care NHS Trust

All 3 indicators in Fig5 have shown a decrease in achievement over the period

3.2 Leaving Care data

Southwark Assessment data (16-17 year olds presenting as Southwark cases)

Fig6. Southwark assessments by academic year (1 July - 31 July)	2010	2011	2012	2013	2014
Number of Southwark Criteria cases presenting	48	33	27	16	12
Initial Assessments completed	36	19	10	7	7
Southwark Independent Youth Support Service/Core Assessments completed	34	14	8	6	1
Total Southwark Criteria cases accepted	27	11	5	3	1

Source: Children's Services, Torbay Council

N.B. 2014: 5 cases are going through the process currently

The number of Southwark cases presenting has reduced over the years as has the number accepted. The proportion accepted remained at approximately a fifth of those presenting in 2012 and 2013.

3.3 Housing Services data

Fig7. Number of households placed in temporary accommodation by Torbay Council, as at 31 March of each year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Number of Households living in temporary accommodation	183	164	107	43	43	36	57

Source: Housing Options Team, Torbay Council

This has increased since 2010/11 believed to be due to a general increase in homelessness. This backs up anecdotal data on an increase in rough sleeping

Fig8. Number of applicants accepted as homeless	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Number of applicants accepted as homeless	109	106	109	58	57	75	56

Source: Housing Options Team, Torbay Council

Homeless acceptances increased in 2012/13 but reduced in 2013/14 to the levels of previous years

Fig9. Emergency placements	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14
Number of clients seen by Emergency Duty Officer	74	71	66	81	67	78	86	74	51	90	84	93	83	72	68	95
Number of placements into emergency accommodation under Section 188 duty	26	23	22	30	21	31	23	32	22	35	36	33	26	29	26	33
% of placements of those seen	35.1	32.4	33.3	37.0	31.3	39.7	26.7	43.2	43.1	38.9	42.9	35.5	31.3	40.3	38.2	34.7

Source: Housing Options Team, Torbay Council

The number of clients seen has increased over time. The number placed has increased since April 2014.

Fig10. Number of prevention cases	2009/10	2010/11	2011/12	2012/13	2013/14
Number of detailed homeless prevention cases	370	557	511	612	702

Source: Housing Options Team, Torbay Council

Number of prevention cases has gradually increased over the years

3.4 Connections data

Fig11. Clients signposted to an external agency by an Advisor or by Triage at Torbay Connections offices

	2012/13				2013/14				2014/15
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1
Clients signposted to external advice agency by advisor (by telephone or in person)	294	316	264	287	265	291	197	86	251
Clients redirected to any external agency by Triage (not necessarily advice agency but could be)	41	114	127	45	56	65	45	40	51

Source: Torbay Council

Clients who come to the office in person are directed through Triage first and only go to an advisor if it is a more complex enquiry. Telephone enquiries go straight to an advisor

Numbers signposted to advice agencies have fluctuated over the period. Loss of support services could lead to an increase in demand at Connections offices

3.5 Safer Communities data

Fig12. Crime and Anti Social Behaviour

	2012/13				2013/14				2014/15
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1
Anti social behaviour incidents	1509	1631	1192	997	1285	1647	1021	1022	Not available yet
Crime incidents	2550	2596	2343	2044	2397	2806	2352	2239	Not available yet

Source: Torbay Council

Figures have fluctuated over the period.

4. Conclusion

It is too early for impacts of the loss/reduction of services to show, particularly in quantitative data. There are gaps to be filled in quantitative data collected.

Qualitative data gained from agencies that referred people to the support service affected show impacts:

- Teams are spending more time doing work with clients that would previously have been carried out by support services
- Social care and mental health teams are receiving referrals and enquiries requiring support services, particularly from GPs, often with no suitable services to signpost people to
- Clients are often referred to social care domiciliary (non personal) care agencies to provide support previously provided by floating support
- Major impact of loss of link worker posts- expert knowledge, advice and accessibility.
- Less housing solutions are available- less supported accommodation or support to attain/maintain housing
- Concern about lack of services in the community to prevent people going into crisis and to alert services to safeguarding issues. Support services prevented safeguarding issues
- Other agencies are impacted by service loss/reduction, compounded by the fact they are also experiencing funding reductions and working on minimal resources