BUDGET SCRUTINY: VCS RESPONSE TO CONSULTATION
From a meeting on 11th December 2014 and subsequent contributions:

The meeting considered Integrated Services (Adult Social Care) and Children and Young People's services

Several themes emerged from both groups:

- That commissioning needs to consider added value
- That there needs to be trust and respect between agencies and the VCS
- That the VCS needs to be a full partner with agencies
- That the effect of one service changing has to take into account knock on changes in other services
- That the VCS is in a good position to spot gaps in service as they begin to emerge and would probably be the best gateway into an integrated, person centred service.
- It is also in a good position to spot opportunities and to collaborate to find ways of taking them up
- The VCS needs to be engaged early in the process of designing services, and is capable and eager to co-design, co-produce and co-deliver.
- In order to take a full part in these processes the VCS sector needs to be defined and quantified, so that it is fully known and can be used effectively.
- Data needs to be transparently available and shared early to allow early intervention and co-design of services by the VCS.
- There are risks, as detailed below, that need to be considered and guarded against.

There is great willingness from all sides and agreement about what should be done – the work now is to find the 'how' and put the mechanisms in place to change the culture of service delivery.

RISKS IDENTIFIED IN THE BUDGET PAPER:
Children's Services:

- Reductions in Child Protection and Care could leave the VCS to handle families with more complex issues.
- There could be erosion to the VCS offer as contract values are being driven down, possibly ruling out the added value
- There is a real risks that thresholds will increase to reduce pressure on budgets
- Early intervention is being cut out of other budgets (police/GPs). The VCS will need to be engaged early and currently there is not enough information, intelligence and statistics to allow this to happen
- Links to the community are weakened if PCC community wardens are lost.
- Though procurement looks at added value, this could be lost when the process reaches the economic constraints of commissioning.
- Current VCS infrastructure and resource in Plymouth needs to be stronger and more unified to deliver collaborative services between VCS organisations, or with agencies.
- Increasing routes into services could erode safeguarding.
- There is a risk if the council is the front door, as people may be unwilling to approach agencies. This is where community organisations can be a portal.

Adult Services:

- There is a risk that smaller providers will close if bigger ones get contracts and the smaller ones have no way of engaging. The smaller groups need to be listened to, as they are trusted by their clients and will be invaluable in assessing need, referring to services and spotting gaps in service early.
- There are risks to providers who are going to be sharing contract delivery targets, and risks in the alliance commissioning arena and the natural disadvantage that smaller groups will have when it comes to due diligence.
- The value of the VCS might be underestimated – both in impact and outcomes, and cost savings.
- There is a risk that the voice of the consumer/community is not heard if agencies and VCS groups are focussed on working across their own differing cultures and the internal issues that will raise. There is a need to focus on the benefits to the city and its people.
- Conversely, the VCS risks its clients not benefitting fully if it does not improve its ways of working together within the VCS sector.
- The pace of achieving this brings risks to quality of care and safe service.
- Care might break down more quickly and therefore cost more.
- People may not know where to go – they need a clear first port of call.
- Those that fall through the net are often the lower levels of mental health and learning disability needs. A reduction in costs by combining agency provision will only work if resources are in place to support this level. An example might be difficulty of finding appropriate support when moving out of Glenbourne.
- Rising life expectancy means more home care and the threshold is raised for people to access residential care; this could have an impact on quality of care for some people at home, and on A&E hospital admissions and bed blocking.
- If domiciliary care is seen to cost £8000, against £23000 for residential care, there is a risk that the increased level of care needed at home will not be of sufficient quality.
- People are sceptical about cuts and may not see the benefits of this approach. Education is needed.

SUGGESTED SOLUTIONS:
Children's services

- Ensure that good quality data is shared early across agencies including the VCS to establish the need for early intervention. Establish a central data repository for the city.
- Develop a shared language and publicise clear thresholds.
- New thresholds for care should be clearly communicated to VCS and to citizens, to allow for challenge.
- Greater transparency of palliative care budgets from schools, how do they spend their Pupil Premium budgets, SEN Funding and Service Family budgets? It would be

good if these budgets could be used more widely for early intervention, and the VCS could provide support.
- An information and mapping exercise is needed for each client so that everyone knows who is working with a family and can collaborate, and ensure that care is child centred.
- Support the VCS to work collaboratively on QA systems. Good practice sharing/mentoring/economies of scale, and training and bursaries.
- Mobilise the VCS and signpost to the VCS for early intervention work.
- Establish first points of entry for people – community hubs, possibly based on existing and trusted community organisations.

Adult Services:

- The VCS will work with PCC to produce a State of the Sector report to map and describe the sector and its economic and social contribution to the city and its budget.(recommendation 9 of the Fairness Commission report)
- VCS will find ways in which the larger VCS agencies can link, support and tender with smaller ones, and find other ways in which small organisations can take part and add value.
- We can investigate how to invest to save money. Resources need to go to prevention to see results in costly services
- Contracting should include added value and an attempt to keep money in the city. The VCS can offer local provision and the ethics and principles of the sector.
- Use what is in place. There are non-threatening drop in centres providing local support for low level needs and signposting for other issues. These are not costly provision, but are currently in danger as funding reduces. Local community centres form a two way opportunity for engaging people by being able to signpost and support people to access services but also by providing a channel via which services can be taken to the community.
- Consider ways of working that are used internationally:
    - Services need to have an entry at a one stop shop, with services working together.
    - Most cost effective service picks it up and engages what is needed
    - CVS is a good portal for other services – people will go to safe local places
    - Reduced signposting – work in hubs so that contact is easy
    - Statutory services need to be open to this

The VCS will identify areas of work where they can collaborate and move forward. Many of these areas already exist. There is also work going on to investigate how the VCS can be a stronger and more united sector in organisational terms. (Fairness Commission Report)

QUESTIONS for the Scrutiny Board on Transformation and Integrated Services:

Children's Services:

- How much higher will thresholds for provision be set? How will this be communicated?
- How many children are just below the threshold?

- Has there been an Impact Assessment done on proposed changes in service? Can this be shared with the VCS?
- How accurate is the Sufficiency Statement?
- Where is the most appropriate 'front door' for services?
- Where is there a place of safety for children and young people? Healthwatch do not accept Glenbourne as appropriate. Is Plymbridge bed blocked?
- Where is the Early Intervention Plan? Can the VCS be part of finding innovative ways to create a city-wide offer for children potentially at risk?
- Where are schools spending the fund they are given for additional needs? How will this be picked up in the cluster model?
- How can an integrated service map and access VCS contacts?
- How can a VCS organisation be commissioner ready? How much will they need to do?
- What is the demand? How reliable is the data?

Adult Services:

- What level of resource can be given to domiciliary and community provision if thresholds for residential and acute care rise?
- How much is about prevention as opposed to reactive measures?
- Who takes the risk, and has the liability/accountability with integrated commissioning?
- How will the commitment to a diverse provider group (including smaller less established providers doing grass roots work) be checked and assured in the budget?
- How will the commitment to the strategic priority of early intervention and prevention be aligned and evidenced, where budget restraints mean there isn't money to invest in this priority before seeing the impact of reductions in more expensive services?
- How can we ensure that spend takes into account service delivery which is less easily quantified statistically (as public health would focus on)?
- How can we ensure and enforce co-design – so that services are designed by people using them and therefore will be focused on delivering what's needed and be more cost effective?