

**Committee and Date**

**Communities Overview
Committee**

24 February 2020

Item

(leave blank)

Public

Supporting vulnerable adults in Shropshire**Responsible Officer**

Danial Webb – overview and scrutiny officer
danial.webb@shropshire.gov.uk
01743 258509

1.0 Summary

- 1.1 This report outlines the different ways that Shropshire Council supports vulnerable adults.

2.0 Recommendations

- 2.1 Members should:
- read this report
 - prepare any questions they may have with regard to supporting vulnerable adults and
 - identify specific topics for further scrutiny.

3.0 Opportunities and risks

- 3.1 Effective support for vulnerable adults, who do not meet the threshold for a package of care to meet their care needs, can prevent an escalation of those vulnerabilities. This is not only better for the person concerned, it can also eliminate the need for more costly interventions.
- 3.2 Although Shropshire Council is ambitious in supporting vulnerable adults, it will have to ensure that any support that it offers can be properly funded.

4.0 Financial assessment

- 4.1 There are no direct financial implications to making recommendations to services. However there may be financial implications to any recommended courses of action that Shropshire Council agrees to put into place. These implications should be considered by Cabinet or Council when agreeing any course of action.

5.0 Background

- 5.1 At the meeting of the Communities Overview Committee in November 2019, members considered a report from the Shropshire Food Poverty Alliance. In this meeting, members requested further information about how we support vulnerable adults in Shropshire who do not meet the threshold for a package of care.

6.0 Types of vulnerability

- 6.1 There is a growing recognition that professionals and practitioners will be more effective identifying vulnerable people, if they move from a position of investigating a specific area, e.g. is this young person at risk of being excluded from school, to a position of assessing whether an individual or family or generally vulnerable, and if so, what could they be vulnerable to and what are the interventions required to prevent this. If a young person has been excluded from school, they are increasingly vulnerable to a number of risks, e.g. drug use, sexual exploitation, exploitation county lines criminal activity and physical violence. Often these areas of vulnerability will be outside the practitioner's particular responsibility and a multi-disciplinary approach will be needed to build the resilience needed to counteract the vulnerability.

In the longer term a primary vulnerability is likely to create more with significant and life-changing impact. If your health is poor and you don't feel in control of this or able to take steps to make improvements, you are more likely to experience anxiety, low mood or depression, which could then lead to relationship breakdown, unstable home life and losing your job. Any loss of income could then result in debt and a loss of housing. The failure to address one vulnerability could then result in a cascade of additional vulnerabilities with significant consequences for an individual and their family.

People can experience multiple vulnerabilities emanating from -

- adverse childhood experiences
- educational achievement
- employment situation
- financial situation
- disability
- poor mental health
- housing situation
- social isolation
- being a victim of crime

These vulnerabilities can fluctuate and escalate unless a holistic approach is taken to providing the support that will build resilience and make a difference to the way someone lives their life.

7.0 Identifying vulnerable adults

- 7.1 It is necessary to recognise that contact with the council is not all in one place. There are three recognised contact centres in the council:
- The Customer Service Centre (CSC),
 - Revenues and Benefits
 - Public Protection.

The CSC and customer service function, set up when the council became a unitary authority in 2009, also incorporates the various face to face offices across Shropshire. The CSC is the main access route to over 50 services, however some services opted out which is why customer contact routes are split. By comparison, face to face offices handle issues for practically all services, predominantly for our older residents. Once initial contact has been made, residents may have direct routes into services themselves.

The CSC has seen some unique developments. It now provides “First Point of Contact”, which is the front end of Adult Social Services, and adult and child concerns calls. It also has the Welfare Support Team that administers the Council’s Local Welfare Fund as well as handling the front end of the homelessness process. These teams work alongside duty social workers from adults, safeguarding, occupational therapy and mental health who handle incoming issues for their teams. This arrangement provides very useful mutual support for one another.

Because of the nature of the contact, combining these teams in one place means we not only identify vulnerable customers, we collaborate cross-service to find solutions. Identifying and addressing the underlying issues is future prevention and signposting customers to community and voluntary providers for wider needs, and following up the outcomes, is an essential part of this.

Customer Services also handle many “ordinary” transactional contacts and these can either mask or reveal vulnerability. Often it is the attitude and skills of the adviser that makes the difference and an example would be missed bin collections which, with thoughtful questions, have identified an underlying vulnerability that can then be supported. Short but meaningful conversations, focussed on the person and not just the service transaction, can be very preventative.

The more vulnerable a person is, the less likely it is that they will manage making multiple contacts and this is partly why the collaborative models developing in customer services are proving successful. The challenge going forward is therefore twofold:

- How to bring other council services together to add to this model. This would achieve greater value for money, identify customer vulnerability across traditional service silos and maximise the effectiveness of our own support by working collaboratively, again across services. For the resident, more would be in one place and available through one contact.
- How to ensure we do not “lose” people signposted to external community providers and that they get the help they need with underlying issues.

8.0 Prevent contracting

8.1 Shropshire Council funds a wide range of support for vulnerable adults from a number of VCS organisations. The nature of the funding arrangements varies – some support is funded through grant-funding arrangements; some support is

funded through contracts following a procurement exercise. It is also important to note that many VCS organisations are supporting vulnerable adults without funding from the local public sector (Shropshire Council or CCG); funding may come from public donations, national government, grant-giving bodies or trust funds for example.

In late 2017, the Council's Adult Services commenced a review of preventative services for adults. The review considered current funding arrangements; engagement feedback from service users, providers and the VCS generally; changes in demand; changes in availability of funding; and optimum funding arrangements for the future.

Commissioning Intentions were developed and shared with participants in the review, resulting in a set of proposals for commissioning preventative services. The proposals were:

- Much of the support for vulnerable adults commissioned by the Council falls into the following 3 categories:
 - Wellbeing and Independence – practical support in the home; getting and keeping active in the community; developing and sustaining networks and friendships
 - Advice, Advocacy & Welfare Benefits – specialist advice and advocacy around issues affecting people's wellbeing; welfare benefits support
 - Housing Support – support to help people sustain a home of their own by addressing the issues affecting their ability to do so
- Retain individual grant funding arrangements for specialist provision or very local support groups

The Council ran procurement exercises for each of the three main categories noted above. Contract lengths vary but do include options to extend the term of each contract according to need and contract performance. For example the Wellbeing and Independence contract term is an initial three years plus the option to extend for a further two years.

Individual grant funding arrangements tend to be reviewed and renewable on an annual basis dependent on funding requirements and continued contribution to the Council's priorities.

- 8.2 The importance of identifying people who are vulnerable to poor mental or physical health outcomes at a point where it is possible to provide support that avoids them using acute services is an increasing feature of NHS long-term plans and local initiatives. These initiatives are a good example of social care, health services and the voluntary and community sector working together in a place-based way, e.g. Social Prescribing, Shropshire Care Closer to Home and

Integrated Approaches to Volunteering. The challenge is that whilst there is funding available for the delivery of the initiatives themselves, they are drawing on existing resources within communities and the voluntary sector to identify support for the people they are working with without additional funding for these. It is of tremendous benefit that vulnerable people are proactively identified and supported, but there is a risk that collectively we will be unable to provide an adequate or consistent response.

9.0 Welfare reform

- 9.1 In 2018, the Performance Management Scrutiny Committee's welfare reform task and finish group conducted a review of how Shropshire Council supports people who receive benefit payments. It looked in particular at the council's contracts with the voluntary and community sector, including housing associations, to support people. It noted that:

"The group felt that having a large number of organisations supporting people had both its strengths and its risks. A contracted approach to support allowed the council considerable flexibility with its support, as well as helping to ensure that such support remained affordable to the local authority. Furthermore providing welfare support among numerous organisations provided considerable overall resilience, with expertise, capacity and access to different means of funding spread among different organisations. However the group also expressed concern that people might receive piecemeal or disjointed support as a result of engaging with several organisations."

- 9.2 It also noted that:

"Throughout the course of its meetings, the groups discussed the lack of a common strategy from Shropshire Council to co-ordinate welfare support. Although the organisations that the group spoke share broadly similar aims, members felt that a single strategy would help facilitate closer working. More than one person that the group spoke with told them that there had been previous efforts to agree a joint strategy, but this had failed to come to fruition."

The group believes that although the different organisations had different purpose, they ought to be able to agree a common strategy for supporting vulnerable tenants. Shropshire Council, as a significant funder of tenancy support, was in a suitably central position to be able to co-ordinate this work. Indeed Shropshire Council had already created de-facto common objectives through its contract specification for preventative services. For example, the specification for the Information, Advocacy & Advice for Adults service requires targeted support for key groups, with the explicit aims of increasing independence, maximising income and reducing benefits dependency."

- 9.3 It recommended that the committee:
- "explore how Shropshire can develop a common strategy for welfare support, and implement any supporting actions from that strategy."*

10.0 Working with voluntary and community sector

10.1 Understanding the role, and value of the Voluntary and Community Sector is important in recognising why its work with vulnerable adults is beneficial compared to other delivery models. The VCS is:

- Independent – non-political.
- Community based – grow skills and knowledge in the area, employ locally, spend locally – good for the economy.
- Non-profit making – generate social value, re-invest in area.
- Responsive – generally small in size with governance structures that mean decisions can be taken more quickly than in large organisations.
- Person centred – often building relationships over a long time – know families and establish trust.
- Collaborative – certainly pretty good in Shropshire – develop sub sectors with strong relationships between bodies.

Shropshire Council has significantly reduced the support it provides the Voluntary and Community Sector over the last 10 years. All that remains is a core offer. If Shropshire can maintain the foundations of partnership working it developed over many years, it will be able to re- build on those foundations should fortunes improve. Support that remains includes:

- Networking and information sharing through Shropshire VCS Assembly Membership and its weekly newsletter.
- Information exchange and idea sharing through VCSA workshops and events.
- Strategic influence and partnership through the VCS Assembly Board.
- VCS representation on all the local partnership Boards, committees and working groups (Shropshire Council and beyond to our partner led groups).
- Commissioning relationships where contracts are in place or are being developed such as social prescribing.

Due to the council's budget constraints we have ceased to provide some services that the VCS now provide:

- We have stopped resourcing support services such as developing bids for funding/funding advice, small grants for project based/short term or core funding etc. for volunteering brokerage and other forms of infrastructure support for the sector.
- We have lost local VCS services and support groups due to loss of support because of the economic changes that have seen loss of support from other bodies such as central government, reduced lottery income/grants, more defined/restricted grant giving from other funders, changes in charitable giving/donations and generally less funding in total. This combined with social changes that mean people possibly won't be giving as much of their time to the community in the future.

Types of losses seem to be largely in these areas (while demand hasn't reduced):

- Open access, community based social activities and meetings.
- Family support/ parenting.
- Youth services and work with vulnerable young people (impacting on vulnerable parents of those young people).
- Fewer health prevention services (examples include loss of CCG funding for things like counselling, fitness groups, cookery/healthy eating initiatives, dementia/Alzheimer's etc.). Example of this is the Healthy Living Centres funding that used to be in place and was lost.
- Reduction in arts/cultural funding – e.g. disability arts/music.
- Reduction in low-level mental health support – reduced numbers of general counselling services and support groups (recent example was the loss of Wyldwoods – farm based outdoors support for people who were vulnerable).
- Engagement/participation groups – used to have more groups targeting their support towards particular 'hard to reach' or minority groups in the community. Reduction in some advocacy services too.
- VCS training/support to develop community champions, groups and social action within communities.

The 2017 VCS Assembly Prevention Impact Assessment considered the work of 15 VCS organisations and highlighted:

- Approximately 79 different services and activities were provided by the 15 organisations.
- 498 paid members of staff from the 15 VCSE organisations, supported each of the 18 areas of prevention activity covered within the impact assessment (e.g. social activities, mindfulness, drop ins/open access, training/learning, information, advice, advocacy, benefits advice, support in the home, physical activity etc.).
- In total, the 15 organisations provided 29,990 hours of staff time per month and the remainder of service provision is carried out by volunteers.
- The volunteer time contributed by the 15 organisations was worth £165,262 every month and approximately £1.98 million a year based on the national minimum wage.
- Five of the 17 VCSE leads involved in the project (2 provided organisation level data only) believed that it is very likely or likely their whole service could end in the next 12 months if just one contract was lost.
- 57% of all the preventative activities and services delivered (approximately 45 activities) were considered to be at risk of reduction or closure within the next 12 months. The types of prevention most at risk were social activities, advocacy and information provision. At the time, the 15 organisations believed any reduction in funding would impact with 58 activities/services seeing reduced opening times, 20 a reduction in range/scope and 15 a change in eligibility criteria.

- The 15 organisations supported 41,339 beneficiaries (although some beneficiaries were likely to benefit from multiple services so double counting was likely).
- The 15 organisations supported 26,588 people living in Shropshire who were frail, vulnerable and considered at high risk.
- The ratio of paid staff to beneficiaries was 1:83, highlighting the demand VCSE services experience.

The voluntary and community sector is facing significant challenges and cannot be expected to take on additional work without income to address losses in public services or meet increasing demands. It faces the same challenges other businesses and organisations face, such as rising costs of running services, rising employment contributions, increases in regulations and required administration

The voluntary the voluntary and community sector has seen significant changes over the last few years due to social and economic changes and the impact of austerity.

The size of the sector is shrinking

The rate of VCS registered organisations being dissolved is greater than the rate of newly registered charities. On average, over last 10 years, 23 more Shropshire charities are removed than registered every year. Local research suggests that the number of charities has reduced by 8% in 2 years (4% on average per annum).

VCS income is reducing

Considering open data available for some of the UK's top funders¹⁰ shows average reduction in VCS income over the last 3 years of an average loss per year of 69% in Shropshire and 40% in Telford and Wrekin. Shropshire VCS organisations attracted £19,332,926 in 2016 and £1,195,677 in 2018 (in Telford & Wrekin this pattern was £6,688,285 in 2016 to £401,858 in 2018). National research backs up these findings. The amount of money donated to good causes by the National Lottery fell £600,000 between 2017/18 and 2018/19 despite its games bringing in an extra £250million (source: 'Charity Donations from the national Lottery fell by £600,000 last year' (2019) Daily Mail <https://www.dailymail.co.uk/news/article-7105593/Charity-donations-National-Lottery-fell-600-000-year.html>). The income that the voluntary sector as a whole receives from government has fallen, and smaller organisations have been hit particularly hard. For example, between 2008/09 and 2012/13, charities with annual incomes of £100,000–£500,000, and of between £500,000 and £1 million, experienced large falls in their income from contracts (of 32 and 37 per cent respectively), while larger charities fared much better. (source: Hunter J and Cox E, with Round A (2016) Too Small to Fail: How small and medium sized charities are adapting to change and challenges, IPPR North and Lloyds Bank Foundation <http://www.ippr.org/publications/too-small-to-fail>)

Smaller VCS organisations receive less

Small and Medium sized charities constitute 52 percent (64,000) of all registered charities in England and Wales but only 19% (£7.2 billion) of charitable income. Small and medium charities receive 16% of local government funding with larger charities attracting 84%. The difference is most pronounced in comparison with the very largest charities (income over £10m); the large majority of which (76 percent) are non-local and receive 55% of all local government funding¹. Similar research from NCVO⁴ highlights that 81.5% of charities have an income of £100k or less and receive 4.6% of all charity income.

Costs and regulation have increased

Increases in the cost of living, employer contributions, expenses rates and other costs mean the costs of running VCS organisations are rising while income is falling. Whilst increased regulation also adds additional pressure (e.g. GDPR).

Few people donate money to charitable causes

The Community Life survey 2018/19 found that 75% of people aged 16+ gave money to charitable causes in the last 4 weeks, a reduction compared to 2013/4 when 82% gave money. The proportion of people giving money to charity either by donating or via sponsorship has seen a steady decline between 2016 and 2018 (69% to 65% in 2018). (source: Charities Aid Foundation (May 2016) CAF UK Giving 2019: An overview of charitable giving in the UK, Charitable Aid Foundation, West Malling, Kent.). Despite the value of the voluntary sector to the UK, there has been a 15.4% decline in the total number of frequent hours volunteered, between 2005 and 2015 – a drop from 2.28 billion hours to 1.93 billion¹³.

The number of people participating in charitable or social activities has decreased

The Charities Aid Foundation reports that the number of people who participated in charitable or social activities in the previous four weeks has decreased over the last 3 years. 64% of people now take part in charitable activities. Women and older people are the most likely to engage in charitable and social activities. Men are twice as likely as women to say that they rarely or never give to charity (26% vs. 13%).¹⁶

Donations are made to specific causes

Children or young people (26%), animal welfare (26%), medical research (25%), hospitals and hospices (20%) and homeless people, housing and refuge shelters in the UK (18%) were the most popular causes to donate money to. With fewer donating overall, this suggests that charities supporting children, young people or animals are taking a greater share of the number of donations rather than more charities supported overall.¹

The funding environment has changed

The public sector has responded to austerity by searching for efficiency and/or economies of scale, through streamlining and scaling up contracts. Contracts are larger, and more tightly defined, which favoured large charities over small. Grant schemes have, in many cases been lost. In-kind support from the public sector has also been lost.

Demand for services has increased

Local delivery models have directed more people to use VCS services and community support to reduce pressure on statutory services. At the same time more people have more complex needs.

it is important to really define where Shropshire Council can have an influence and where it can't. What could be achieved and how will any actions be resourced? The partnership with the VCS means that there is influence and joint working but there is still a limit – they are independent organisations after all.

| |
|---|
| List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) |
|---|

| |
|--|
| Cabinet Member (Portfolio Holder) |
|--|

| |
|-----|
| All |
|-----|

| |
|---------------------|
| Local Member |
|---------------------|

| |
|-----|
| All |
|-----|

| |
|-------------------|
| Appendices |
|-------------------|