

## Meeting the needs of vulnerable people in Reading

### Summary:

This report presents findings of a roundtable meeting held by Healthwatch Reading on 13 February 2017, with voluntary sector organisations who support local, vulnerable people. The aim of the roundtable was to:

- understand the impact on local people, of the first nine months of Narrowing the Gap (a new funding arrangement from 1 June 2016 that required voluntary sector organisations to bid for Reading Borough Council contracts, instead of the previous system of receiving allocated grants);
- understand the impact on local people, of the overall reduced value of RBC funding compared with the value of previous years of grant funding or commissioned contracts;
- understand any other national or local pressures on the voluntary sector, which affect their ability to deliver services;
- inform RBC commissioners and councillors of any lessons learned, for future funding rounds; and
- help fulfil Healthwatch Reading's statutory role on the Reading Health and Wellbeing Board, of representing both the public, and the voluntary sector.

The main findings of the roundtable discussion, were:

1. people seeking help from local charities have more complex needs than previously, due to a range of factors, including: funding cuts to social services, perceived gaps in NHS mental health services, perceived failures in integration of health and social care services, and perceived shortcomings to care assessments or safeguarding procedures;
2. an increasing number of people are seeking help to appeal benefits sanctions or decisions about the Personal Independent Payment (which replaces the Disability Living Allowance);
3. service users have experienced high anxiety about proposed closures of services (such as the Reading Your Way day centre);
4. NHS cuts have also hit the sector, as the value of grants awarded by local clinical commissioning groups to charities has been cut by about half, for 2017-18;
5. organisations are just about maintaining staff and volunteer numbers, but say their people are often emotionally worn down by the complexity of cases;
6. some organisations are starting to charge fees, or are having to step up fundraising efforts, to maintain service levels;
7. Narrowing the Gap has led to new and positive partnerships of voluntary sector organisations working together on joint contracts - however the 'back-office' cost-saving is believed to be negligible; and
8. the voluntary sector urges RBC to learn lessons for the next contract round, and to ensure that vital, and smaller organisations rooted in the community are supported to remain viable in years to come.

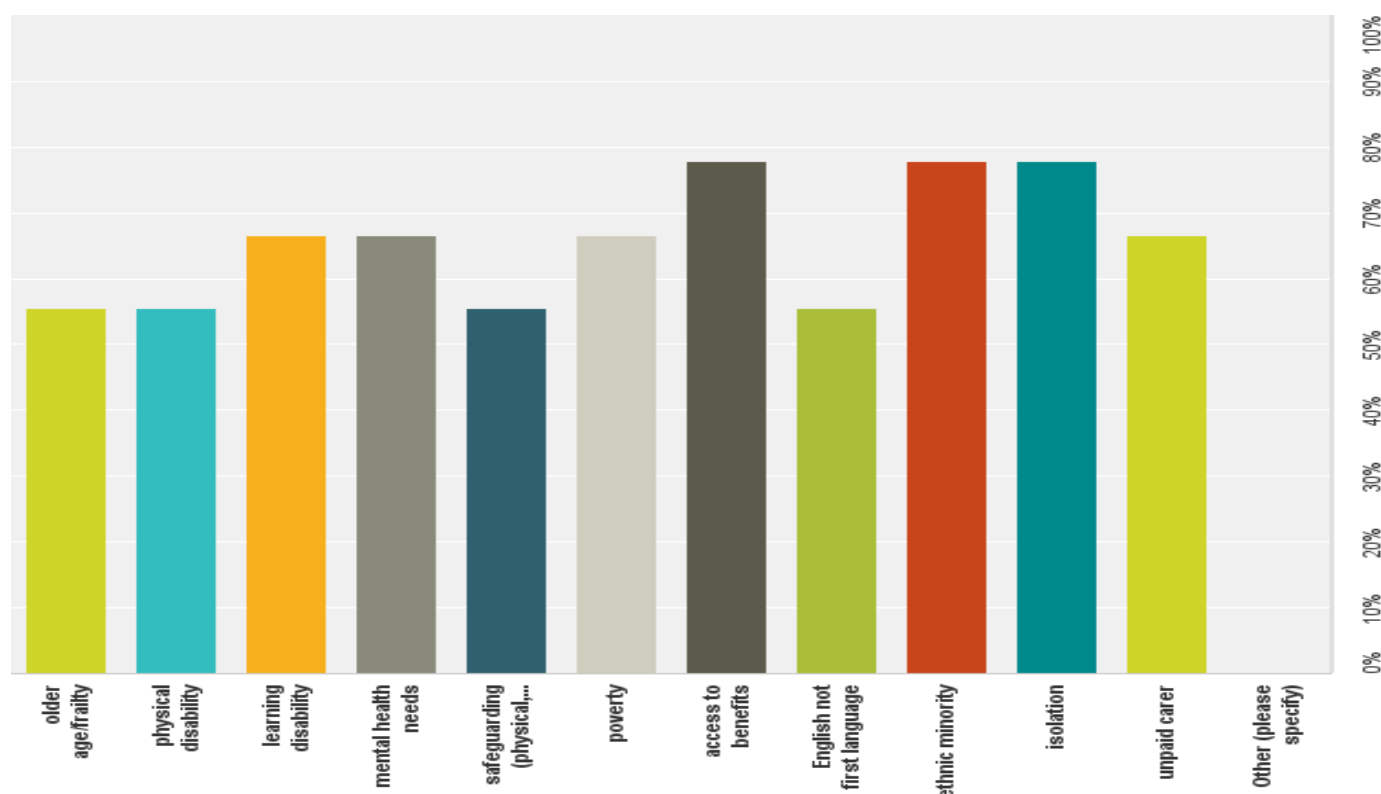
## Introduction

On 13 February 2017, a group of frontline support workers, managers or trustees representing 12 different voluntary sector organisations gathered in a meeting room in Reading Central Library for a roundtable convened by Healthwatch Reading. A 13<sup>th</sup> organisation also sent comments by email.

The group mostly comprised, 28% of the 31 organisations that were awarded contracts starting on 1 June 2016, under a new commissioning framework for the voluntary sector, called Narrowing the Gap. This process has seen council corporate grants to the voluntary sector cut from £1,963,000 in 2015-16 to £1,500,000 this year (and down further to £1,000,000 in 2017-18). Other voluntary sector contracts commissioned from adult social care budgets are also being reduced from £809,000 this current financial year down to £516,000 from April 2017. The roundtable included two organisations falling into this latter category.

Roundtable attendees had agreed to spend 2.5 hours away from their organisations so they could meet their peers and share experiences of how they were supporting local adults affected by disability, isolation, debt, and other needs (see bar chart below).

**What circumstance/needs are experienced by the people that your organisation assists, supports, or advises?**



This report sets out a summary of the roundtable discussion, plus feedback from service users about the potential closure of a local service (see case study pgs 6-8).

Healthwatch Reading has anonymised direct quotes from individual organisation representatives, in the spirit of the collective nature of the discussion. Attendees have agreed that this paper fairly reflects their views. A full list of participating organisations is at Appendix 1, on page 17.

## **Main findings: People who use the voluntary sector**

### **1. People using voluntary sector organisations have more complex needs than before**

This was a universal theme raised in the roundtable. Organisations feel cases are more complex due to resource pressures on social service teams, gaps in mental health care, lack of integrated working between the NHS and social services, or a perception that statutory advice, care needs assessments for people with disabilities or who are elderly, or safeguarding procedures, are not robust enough.

*“By the time a [client] comes to us, they could’ve been helped so many times in the previous year or six months but the agencies they’ve engaged with haven’t had the time to help them. By the time they get to us, it’s not just about listening, but trying to solve a much bigger problem than it was.”*

*“People are coming to us on a repeat basis, often with mental health problems. We have tried to help or referred them to official agencies but they come back to us because they feel they haven’t got the help or support they needed.”*

*“In terms of our client numbers, we’ve found that they’ve remained fairly constant over the years. However, their problems are much more complex and time consuming. Reading Borough Council are getting a really good deal because the complexity far outstrips the money they’re giving each of us.”*

***Case study: “We had a lady come in who had lost her home due to financial abuse, who has a significant mental health issue. She very much needs a community psychiatric nurse but was told: ‘Sorry you can’t have one, we’ve got two [CPNs] off on long-term sick’. She came to us because she had no money, no food, no electricity and she had been sanctioned for not turning up to an ESA [employment support allowance] meeting. She had been particularly unwell at the time and hadn’t opened the letter. People are not coming in with one issue - it’s long-term housing, plus benefits, plus debt, and high anxiety, on top of their health issues.”***

*“I do know we have an increasing problem with people with mental health difficulties, and we experience difficulty in knowing where to refer them.”*

*“We have people with mental health problems who tell us they do not feel listened to. When we contact the community mental health team on their behalf, they say ‘Oh, it’s, that person - they are being managed, they have a care plan.’ But then why does that person feel unsupported - why are they going around the system again and again?”*

*“We are seeing many more mental health problems that we don’t know how to deal with at all - it’s not our area of expertise.”*

Voluntary sector organisations were also helping more people who were not experiencing positive, joined up working between health and social services.

*“Our workers are having to say to hospital staff that they don’t believe patients are ready for discharge because they haven’t yet been assessed for a care package. Our fear is that some really vulnerable people are being discharged from hospital and they’re going to deteriorate again and come back to hospital. We are lobbying statutory agencies to do what they’re supposed to be doing.”*

**Case study:** *“We had one woman come to us who was trying to cope with responsibility of helping one of her parents, nearing the end of their life, as well as a sibling who had also been diagnosed with a serious illness. She was distressed because she had been told by hospital staff that her parent would not be eligible for any care when they were discharged from hospital. The woman was then given a different message by social service, who said her parent was actually entitled to care. During the mix-up in communication, the care package was mistakenly cancelled and was not in place when the woman’s parent came out of hospital. The woman eventually got an apology but by that time was told that care was still not available because of a waiting list.” The charity helped the woman chase up the entitlement to care and also offered ongoing peer support. “We end up doing more because of what isn’t being done by others.”*

This point was echoed by another organisation: *“We had a distressed person turn up in our office in a terrible state [with two complex health needs]. Our support worker stayed with that person all morning to the point where they rang social services and were asked: ‘Well, can you assess their needs and phone the care home for them...’. This never used to happen, social workers would pick up that mantle and say ‘we’ll do this’, but we’re finding more and more there is pushback.”*

Another common theme raised at the roundtable was concern that safeguarding procedures were not strong as they should be.

*“The safeguarding that we report has got higher - the staff are better at reporting it but I do think a lot of people who come to us are in higher need, at the point of crisis. I reported one case recently and the social worker said, ‘I have tried calling, but I can’t get hold of the relative, so what do you want us to do about it?’ Well what I wanted, was for the social worker to reassure me that they would keep trying. My heart is in my mouth a lot of the time when we have to report safeguarding in Reading.”*

Local charities also feel more work needs to be done to ensure social workers are not rushing through assessments of vulnerable people.

*Case study: “We know of a person who is virtually blind, has a hearing problem, and a severe learning disability. The social worker came out to do the assessment, and the quality of the questioning was, ‘Can you cook your own meal?’, the answer was ‘yes, I really like a nice curry’, tick the box. But when I said, ‘What’s a nice curry, what do you do?’, she replied: ‘I take out the packet and I pour it into a mug and pour hot water on it - curry-flavoured pot of noodles. But, according to social services, she could cook a meal.’”*

Another charity concurred: “We have that with our clients - it’s taken at face value, ‘yes, I can do that’, but you’ve got family members saying, ‘they haven’t even been to the shop for 10 years - how are they buying their food?’ It’s quite right you should listen to the client, but it’s always a get-out clause, ‘that’s what they said’, we’ll take it on face value...”, because otherwise, added another charity representative “...they’ll have to give them a full care package”.

Another charity worker added: “Pointing out where social care should have done something they should - that clients haven’t received an assessment - that’s the vast amount of our work.”

The roundtable participants acknowledged that social workers, like the voluntary sector, are themselves struggling to cope with resource cuts and other factors.

“They [social workers] don’t get the support and supervision they should have.”

“There’s a huge turnover of social workers, so they don’t know these people [they are assessing] and they might not get in an advocate if they can’t speak up for themselves. So you have people who cannot advocate for themselves, who can’t answer the questions, because they don’t understand them, and nor do they understand the implications of not getting it ‘right’. You have someone [a social worker] that meets them for the first time and is going through a tick-box form.”

## **2. An increasing number of people are turning to some voluntary sector organisations due to difficulties caused by central government policies.**

Organisations providing information and advice to people, were most likely to describe increased demand:

*“In the last quarter, up 93 per cent compared to last year.”*

*“The numbers are rising plus 30 per cent year-on-year.”*

*“We’ve had an increase in PIP [Personal Independence Payment] enquiries. They’re coming to us because they’ve been to other agencies that are full, can’t cope or can’t meet their [appeal submission] deadlines, and then we need to find somewhere else to send them to meet their deadline and it’s a vicious circle. There’s too few people to provide the support that’s needed. And it isn’t a really key element of what we should be doing as it takes you away from others needing your support. It’s difficult.”*



*“A lot of our work now is dealing with people who are being sanctioned [for not complying with conditions to receive benefits].”*

*Case study: “We were called by a person who was having his mobility car taken away. [Under the scheme, people with disabilities can lease a car from ‘Motability’ to give them independence, if they receive the higher rate of mobility support within the disability living allowance, or its replacement, the personal independence payment]. They had had it for nearly 20 years and it was being taken away before they had to travel to Oxford for the appeal. Unfortunately, there was nothing we could do to help them. It’s the short-termism. Maybe people who appeal will get benefits back, but then how much is it for everybody [in supporting them] in the meantime?”*

**3. Service users have experienced high anxiety about proposed closures of commissioned voluntary sector services**

*Case study: Our roundtable was held just days after RBC publicly announced “Good news for mental health services in Reading” because it said it had agreed with NHS partners to continue jointly funding the Reading Your Way day service after listening to the concerns of service users.*

*The council had initially proposed closing the Monday-to-Friday service based in Rupert Square, from 1 April 2017. The drop-in service offers peer support and advice on work, education, health, housing and finances. (Other local services for people with mental health needs, include the Compass Recovery College - a series of short courses offered via New Directions in South Reading). Berkshire West Clinical Commissioning Groups (which plan and fund local NHS services, including mental health care) had also started publicly discussing the idea of setting up a new crisis service called Café Haven four nights a week, that could be partly run by Reading Your Way.*

*The RBC announcement about the future of the day service did not include any comment from any CCG representative. In 2016-17, Reading Your Way received £109,000 from RBC and £85,000 for its service. However, it is still unclear if the CCGs’ funding for Reading Your Way in 2017-18 is intended to be put towards the day service, a new crisis service, or a mixture of both.*

*The case seems to illustrate the challenges yet to be overcome in providing integrated services for people who need help with both health and social needs.*

*Around 200 people use Reading Your Way, 80 of them very regularly. “They have been through the absolute wringer. You’re asking the most vulnerable people to try and fight for their service. There have been people in tears and people angry. But Reading Your Way is such a community and service users have taken action through an online petition, testimonial letters, an art installation, and banners. They’ve also spoken to the media, they’ve gone to RBC council meetings and a councillor has visited.”*

Charity staff were also faced with extra work of doing an action plan with every individual service user about what would happen if the day service shut, as well as holding weekly group support sessions.

During the consultation, service users had found it difficult to understand the impact that receiving two different pots of money had on decision making about the future of the day service.

A consultation event on 16 January 2017, heard many Reading Your Way service users make impassioned arguments calling for the day service to be saved from closure. Their views are summarised below:

- ‘Coming here keeps me well.’
- A service user says in her experience, there is nothing between hospital admission and the community. The [NHS mental health] crisis team are ‘next to useless’. She finds she is picked up by the police, then admitted to hospital, then sent out again. She manages. But there is no visiting community psychiatric nurse, no psychiatrist. She gets medication from her GP but otherwise there is no other monitoring.
- A service user says, ‘If you are not in crisis, don’t end up with the police and are not suicidal, if you don’t go to A&E, but are vulnerable, depressed, agoraphobic, what then?’ She has found Reading Your Way useful. ‘I don’t need crisis support - I need to come somewhere on a regular basis - I couldn’t go out to the Recovery College. Your Way offers me exactly what I need. It’s a place where panic attacks are OK - I can run out of the room and be understood.’
- Coming to Your Way’s drop-in is not ‘social care’, says another person, it is ‘a lifeline’. He says that it keeps him from bouncing into crisis and out again and back again: ‘I think you [commissioners of the service] actually underestimate the benefit of people coming together.’
- An adult with autism shares their story. They had been sent to Your Way by Autism Berkshire, in order to practise social skills, because there was nowhere else suitable for them to go. Another service user explains that they have Asperger’s, and the service also matters to them for that reason.
- One person reflects that Reading Your Way is competing with services for Alzheimer’s, drug users, children’s centres, and how sad that is.
- A person who works in a health setting adds: ‘An experiment is going to happen of a despairing kind. It is dangerous. Do the people of Reading know that mental health patients are being put at risk?’
- A service user describes the value of a drop-in as a place to go
- Some people object to the name of the ‘Recovery College’ as it suggests they will be ‘cured’ of their mental health problems, rather than learning to manage it as a life-long condition.
- A mental health support worker says that the previous transition of RYW from Oxford Road to Rupert Square caused lots of distress

*One of the charity representatives at the roundtable reflected: “I went to the consultation meetings and one of the things that struck me is if the service is cut, the knock-on effect will be on the statutory services, whether that is the crisis service run by Berkshire Healthcare [NHS Foundation Trust], or the [Royal Berkshire] hospital or the police. We’re trying to be part of a big system but it doesn’t seem to be working.”*

*An unforeseen consequence of the consultation about the day service’s closure, is that service users have also become aware of the wider swathe of proposed cuts. “For example, they’re quite worried about the domestic abuse service going and they want to take action for those as well.”*

The roundtable also heard that some charities want to protect their clients from discussions about funding cuts to protect them from anxiety. “They love to join a good campaign, but their disability means they don’t really understand any of it and we also feel we need to protect them. I think that’s true with some vulnerable older people too.”

#### **4. NHS grants to the voluntary sector have also been cut**

It is not just council cuts that are impacting on local people. The value of partnership development fund (PDF) grants made by Berkshire West NHS Clinical Commissioning Groups to the voluntary sector has been nearly halved for 2017-18. (see table starting on the next page)



**Berkshire West CCGs' partnership development fund grants to the voluntary sector in 2017-18 and 2016-17**

(Comparison table compiled by Healthwatch Reading)

Organisation	Project name & summary	2017/18 Award	2016/17 Award
ACRE	<b>Alafia outreach</b> To provide opportunities for ethnic minority families caring for children and young people (0-25).	£8,500	£10,310
Adviza	<b>Youth counselling</b> To provide counselling for young people in Reading	£30,000*	£30,000
Age UK Berkshire	<b>Living Well</b> To provide a preventative service that assists older people with better managing their long-term health conditions, in order to minimise avoidable GP appointments and unnecessary hospital/NHS contact.	£14,800	New
ARC	<b>Youth counselling</b> To provide counselling for young people in Wokingham.	£30,000*	£30,000
Autism Berkshire	<b>Targeted Support for Families and Individuals Affected By Autism: Information, Advice and Home- Visiting</b> To provide essential frontline support to parents and carers of a child or young people with autism.	£10,652	£20,000
Breastfeeding Network	<b>Reading, Wokingham &amp; West Berkshire Breastfeeding Peer Support</b> To Increase breastfeeding initiation rates and increase breastfeeding duration rates.	£6,200	£13,000
British Red Cross Society	<b>Prevention of Admission to Hospital (PAth)</b> To support people over 50 who require help to regain their independence and continue to live independently in the way they wish.	£29,000	£30,000
Engage Befriending (The Mustard Tree)	<b>Engage Befriending</b> To connect isolated older people with their local communities. Regular visits from a volunteer befriender improve health and well-being, providing vital companionship and emotional support.	£9,000	£14,246
Greater Reading Nepalese	<b>Integrated Health Awareness Programmes</b>	£4,000	£10,000

Community Organisation	To persuade people to keep active through community based physical exercises like yoga, walking for health, swimming, Zumba and sharing tips on healthy lifestyles.		
Home-Start Reading	<b>Home-Visiting Coordinator - health specialist</b> To improve the physical, mental health and wellbeing of vulnerable families with young children and to expand provision for mothers at risk of postnatal depression.	£15,000	£22,788
Home-Start West Berkshire	<b>Post Natal Depression and Community Support</b> To reduce the impact of maternal mental health issues on children in order to ensure that children are given the best start in life and future emotional health issues are prevented.	£15,000	£19,615
Home-Start Wokingham	<b>Home Start Wokingham District</b> To improve the health and wellbeing of children under the age of 5, and their families, enabling them to actively engage with the opportunities available to them, reduce their risk of adverse outcomes and reach their full potential.	£15,000	£30,000
Indian Community Association	<b>Health and Wellbeing</b> There is increasing number of physical health issues like high blood pressure, diabetes, high cholesterol, circulatory diseases and obesity, especially within the minority ethnic communities. Mental illnesses like depression, dementia and eating disorders also affect our communities.	£4,500	£15,000
Involve Community Services	<b>Infrastructure Support</b> To provide infrastructure support to the voluntary and community sector in Wokingham Borough.	£12,000	£15,000
Newbury Family Counselling Service	<b>Newbury Family Counselling Service</b> We recognise that parenting is stressful and demanding and that the life-chances of children whose parent/s additionally suffer with a range of emotional/psychological difficulties.	£10,000	£20,314
Parenting Special Children	<b>Pre-and post-assessment support pathway for parents/carers of children/young people with Autism and children/young people with Attention Deficit Hyperactivity Disorder (ADHD).</b> Pre-and post-assessment support pathway for parents/carers of children/young people with Autism and children/young people with ADHD.	£4,728	£24,000
Parkinson's Newbury and District Branch	<b>Maintaining the opportunity for People with Parkinson's in West Berkshire to benefit from bespoke power-assisted physical therapy.</b>	£3,000	£4,800

	To increase the well-being, quality of life and life outlook for as many people with Parkinson's as possible, by increasing awareness of, and the opportunity to use, the facilities and support of the West Berkshire Therapy Centre (WBTC).		
Reading Lifeline (The Mustard Tree)	<b>Reading Lifeline</b> To improve the health and wellbeing of women and their families who are affected by any type of infertility, baby loss or postnatal depression.	£12,000	£19,000
Reading Mencap	<b>Reducing Health Inequalities for People with Learning Disabilities (LD) and Autism Spectrum Disorder (ASD)</b> To improve the health-related quality of life for adults with LD and ASD.	£15,000	£20,000
Reading Voluntary Action	<b>Infrastructure Support</b> To increase, seek out and promote opportunities for collaboration, liaison and information sharing between voluntary sector providers and statutory health and social care agencies.	£12,000	£15,000
Reading Voluntary Action	<b>Social Prescribing</b> To link patients to community-based activities to improve their health and wellbeing. To support patients with long-term health conditions and/or mental health problems or patients at risk of developing mental health problems.	£14,000	£20,000
Talkback UK Ltd	<b>Health and Wellbeing Connections</b> To address the health inequalities faced by people with a learning disability which includes access to healthcare services, treatment and attitude/understanding.	£8,000	£15,000
Time 2 Talk WB	<b>Youth counselling</b> To provide counselling for young people in West Berkshire.	£29,818 *	£29,320
Volunteer Centre West Berkshire	<b>Infrastructure Support</b> To provide and support a partnership development role that will act as a conduit for information, best practice, advice, engagement and practical support between NHS Newbury and District Clinical Commissioning Group (NDCCG), Berkshire West CSU and West Berkshire's voluntary and community sector.	£12,000	£15,000

\* = second year of two-year grant

## GRANT AWARDS FOR 2016-17 NOT ON LIST FOR 2017/18

(Details of total number of applications and where they came from, for 17/18, have not been made public)

Organisation	Project name & summary	2016/17 Award
West Berkshire Ostomy Club	<b>West Berkshire Ostomy Club</b> WBOC provides a regular support group for people with a stoma, including outings and information settings.	£2,500
Rahab at the Mustard Tree	<b>The Rahab Project</b> The Rahab Project is about restoring hope and belief by identifying and supporting those affected by sexual exploitation.	£15,000
Empowering West Berkshire	<b>EWB Partnership Development *</b> Empowering West Berkshire provides support to voluntary and community sector organisations.	£15,000 *
Headway Thames Valley	<b>Community AND Centre Based Enablement and Rehabilitation</b> The project aims to improve health & well-being by providing enablement and rehabilitation services for adults in West Berkshire with a brain injury.	£30,000
Depression Alliance	<b>West Berkshire Friends in Need</b> They provide an online and offline network to support people with low mood and pre-drug therapy.	£25,000
Berkshire MS Therapy Centre	<b>Specialist Physiotherapy for people with Multiple Sclerosis</b> The Berkshire MS Therapy Centre provides treatments and therapies including physiotherapy and exercise classes.	£15,000
Parkinson's Society UK (Reading branch)	<b>Provision of affordable and appropriate exercises for PD patients</b> The Reading branch offers information, friendship and support to local people with Parkinson's , their families and carers.	£10,000
Alzheimer's Society Reading	<b>Berkshire West Befriending Service</b> They offer a befriending service across West Berkshire, Reading and Wokingham to people with dementia.	£15,000
Reading Community Learning Centre	<b>Mental Health First Aid</b> RCLC ran two mental health First Aid programmes in 2016/17. The courses teach people how to identify, understand and help a person who may be developing a mental health issue.	£2,668

Dingley Family and Specialist Early Years Centres	<b>Dingley Family and Specialist Early Years Centres</b> Provision of massage/physiotherapy sessions and speech & language sessions, for children attending the Dingley service.	£30,000
TOTAL		£160,168

\* Empowering West Berkshire has now merged with the Volunteer Centre West Berkshire, which did receive a PDF grant for the first time, in 2017-18.

One roundtable participant said: *“Some services that won’t be getting funding for 17/18, were supporting very vulnerable people through support groups, advice and information.”*

*“The commissioners had asked [on the application form], will it help keep people out of hospital and help meet our priorities? Some of the smaller organisations doing good preventative work, which would ultimately prevent people needing statutory support - they missed out because it’s not directly evident.”*

## **5. Staff and volunteers in voluntary sector organisations are carrying a higher emotional burden due to the complexity of client cases**

Most organisations said despite their funding cuts, they had been able to maintain the same level of staff but they were worried about staff and volunteer welfare.

*“The cases are always at crisis point, there are multiple problems and more stress on staff, so I’m having conversations with management about the welfare of staff giving information and advice.”*

Another organisation concurred: *“Our trustees are expressing exactly that, after a few traumatic cases we’ve had. Maybe we could find some kind of formal support and counselling that’s available to us all.”*

*“One case had a very dramatic effect on one of our people - she was so upset and worn out.”*

*“If there’s one person away, it’s like a whole department being away.”*

Even if pressures on staff were managed by putting clients on a waiting list for a charity’s particular service, there were still holistic needs that might need to be urgently addressed. *“We work with BME women. Some of them are new to the country, some of them have been here 20 years and hardly been out of the door. They’re brought to us by friends or family and they haven’t had contact with any other services and they’re not always registered with a GP.... You’ve got to sit and listen and be with a person.”*

Charities also said that tight resources meant that there might be only one person in their organisation carrying out their specific role. *“I think there’s an assumption that if you work in the voluntary sector, you’re committed, and you’re tough as old boots. But a lot of their roles are in isolation, they don’t have a peer [in the same organisation] who they can bounce off.”*

There was also concern that rising demand might deter volunteers. *“Three or four years ago, we were delivering food parcels to people and had time to chat and engage with them - now literally, it’s, here’s your parcel, and off you go to the next one. You have to get 50 out that day, rather than five. It’s hard for the volunteers - if they’re just delivering and moving on, they’re not getting what they want from their role - they lose that passion because you stretch them too far.”*

One charity also cautioned against volunteers taking on roles that might be inappropriate, or would require robust supervision from paid staff to protect the needs of vulnerable people. *“Interpretation should not be provided through ‘good will’ by volunteers - it should be costed. We need to push back against that kind of creep where they expect more and more.”*

Another charity manager added: *“I can only echo what you’ve all said - staff are buckling and they need much more input. We also spend a lot of time supervising volunteers. That’s not factored in [to contract specifications] and then they wonder why our management costs are so high.”*

## **6. Some organisations are starting to charge fees, or are having to step up fundraising efforts, to maintain service levels and some fear for the future**

Organisations said the funding cuts had meant they were having to dip into charity reserves, fundraise, or start to charge fees.

*“Our lunch clubs were cut from Narrowing the Gap so we have had to convert that to a paid-for service. Many clients have left us because of this but we continue to deliver for others - they would rarely leave the home if it wasn’t for this service. Our concern is about the deterrent for potential service users, who will deteriorate in health, as a result.”*

Another charity said: *“We are fundraising to employ a business development manager but I’m concerned about becoming totally focussed on fundraising and trading, and not keeping our information and advice as our core priority.”*

*“We feel trapped by our commitment to our client group. We might not be able to go for a long-term contract because we can’t prove we’ll be solvent for the duration of it and we’ll have to fundraise to deliver it. Or a private company comes in, they pare back the service and the clients will come to us anyway.”*

*“There’s a limit to how much you can rely on volunteers, push your staff to unfair places, and there are some things you can’t change. You can’t change core costs of things like rent. We’ve all lost our rate top-up. We’re doing our best to maintain our service...but we’re incredibly anxious about the next two years...it’s tough.”*



## 7. Narrowing the Gap has led to new and positive partnerships

Seven of the contracts awarded under Narrowing the Gap, involved partnerships of different charities working together, and this was overwhelmingly seen as a positive development.

*“We’re in a very very good partnership with [two other organisations] and that has really benefited the client, no doubt, because we play to each other’s strengths. So we believe the client journey is much better and the client service is much more positive.”*

*“Our regular meetings mean we understand more than before what each service does. The number of appropriate client referrals from other organisations has increased.”*

However, the partnerships were not the money-saving exercise the council might have hoped for: *“I think they thought they’d be able to limit our backroom costs, but actually, we’re not all going to move into an office together. It is good for referrals, information sharing and good practice. But financially it’s not cheaper.”*

## 8. The voluntary sector urges RBC to learn lessons for the next contract round

Reflecting on the introduction of Narrowing the Gap, roundtable attendees described it as a time “where the world stopped”. Trustees or chief executive officers had to attend months of meetings with RBC commissioners to influence the new framework, develop new partnerships with other local organisations, and research and write contract bids.

Going forward, *“it’s not just that there’s less money in the sector, it’s how it’s been done. Ideally what we would like to see, over the next 12 to 24 months, is the sector to at least retain its existing level of funds, and [the contracting round] taking up as less time and stress and pressure - as possible. Additional funds should be directed to where the impact of shrinking statutory services are having the biggest impact”*.

Smaller organisations also needed extra support. *“I would like to see some acknowledgement that the people doing the washing up, putting out the bins, doing the fundraising, doing everything, are also the same people having to find time to do bid writing”*.

## Conclusion

The roundtable was regarded as a positive initiative by those who attended. *“It’s really good to have a meeting like this as we often feel like we sit in isolation from our peers [in other organisations].”*

Overall, participants agreed they wanted the Reading Health and Wellbeing Board to consider the following key messages:

- The voluntary sector in Reading remains committed to supporting vulnerable people and seeks assurances that statutory agencies are doing the best they can too, especially with helping people with a mental health crisis, carrying out robust care assessments, especially of people with learning disabilities, and handling safeguarding referrals: *“We’re having to do the best we can with limited resources, but so should the council, health and others.”*
- Future consultations with service users about service change/closures, should include provision of extra direct support to help them cope with the anxiety caused by significant changes
- CCGs and RBC should work more effectively together to ensure there are effective ‘bridges’ between their services to protect vulnerable people who have no-one else in their life to support them
- There is an added value to clients of the new partnerships created under Narrowing the Gap but there should be an acknowledgement of the resources required to build and maintain those partnerships and that these costs could fall disproportionately to smaller organisations that rely on partnership bids to secure funding
- Voluntary sector staff need extra support to cope with emotional toll of some cases, perhaps through a Reading-wide supervision/support scheme
- Future funding cuts to voluntary sector organisations could ultimately lead to more pressure being put on the statutory services that vulnerable people will have no choice but to turn to.

We plan to report back to voluntary sector organisations, any feedback from Reading Health and Wellbeing Board’s discussion on this paper. We are also planning a follow-up roundtable with voluntary sector organisations in October or November 2017.

## **Appendix 1: Organisations who contributed to the report.**

**12 of the organisations sent a representative, while a 13<sup>th</sup> sent comments by email. Healthwatch Reading had invited all 31 organisations who received funding under Narrowing the Gap as well as two others commissioned by RBC under other arrangements.**

Age UK Berkshire

Age UK Reading

Alzheimer's Society

Faith Christian Group

Healthwatch Reading

Reading Citizens Advice

Reading Community Learning Centre

Reading Community Welfare Rights

Reading Mencap

Reading Refugee Support Group

Reading Voluntary Action

Reading Your Way