Executive Director/Director
Non-Key Executive Decision Report

Report Author: Frazer Heath
Lead Officer of Report: Ann Ellis, Housing Independence Service Manager.
Tel: 0114 2735638

Report to: Joe Fowler
Subject: Remodelling and procurement of a housing related floating support service for older people.

Which Cabinet Member Portfolio does this relate to? Communities
Which Scrutiny and Policy Development Committee does this relate to? (Healthier Communities and Adult Social Care)

Has an Equality Impact Assessment (EIA) been undertaken? Yes ☑ No
If YES, what EIA reference number has it been given? 1155

Does the report contain confidential or exempt information? Yes ☐ No ☑

Purpose of Report:
Following a review of floating support services for older people and people with physical disabilities authority was given on 17th March 2016 to re-commission services by procuring a single citywide service instead of four separate services: three geographically based older people services delivered by voluntary sector providers and a small city wide disability service provided in house.

Following approval it became apparent that the decision was made without having taken into account a potential financial implication relating to pensions liability for the in-house service.

We have also taken the opportunity to reconsider the overall proposals and in particular the benefits of the ongoing commissioning of the small physical disability housing support service.

Having now reconsidered the services in relation to need, effectiveness and Council resources this report now seeks a new, revised, decision regarding the services.

The three current older people’s contracts will need to be extended until the new service
Recommendations:

The Director of Commissioning (Communities) is recommended to:

1. Rescind the decision taken on 17\textsuperscript{th} March 2016 to combine three older persons and one physical disability contract and tender for one single city wide floating support service.
2. Agree to cease to fund the current small housing support service for people with physical disabilities (currently provided in-house) from 31\textsuperscript{st} March 2017 with the consequence that this in-house service will cease to be provided.
3. Approve the re-commissioning of the three floating support services for older people as a single contract procured through an open tender process with a maximum resource of £1,200,000 p.a. / £6,000,000 over the life of a five year contract.
4. Extend the three current Older Persons Floating Support contracts with South Yorkshire Housing Association, Shelter and Age UK until the new service has been re-commissioned or until September 2017 which ever is the soonest.

Background Papers:

n/a

Lead Officer to complete:-

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<tr>
<td>1</td>
<td>I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td>
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Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.

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<tr>
<td>2</td>
<td>Lead Officer Name: Ann Ellis</td>
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<tr>
<td></td>
<td>Date: 12.12.2016</td>
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Re-procurement of housing related floating support contracts for older people and people with physical disabilities and/or sensory impairments.

<table>
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<tr>
<th>1.0</th>
<th>PROPOSAL</th>
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<tr>
<td>1.1</td>
<td>Summary</td>
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Currently four floating support services, which provide short term case work to support people’s independent living, are commissioned by The Housing Independence Service. Three of these services are provided for older people by voluntary sector providers and the forth is provided for adults with physical disabilities and sensory impairments (PDSI) by in-house Provider Services in Adult Social Care.

On 17th March 2016 a decision was made to end all four services and to procure a single city wide service using an open tender process.

This decision was not progressed and the Council has reconsidered the requirement for the PDSI service within its current resources.

This report therefore seeks to rescind the decision made in March 2016 by the Director of Commissioning in Consultation with the Cabinet Lead for Health and Social Care.

It is recommended that the in-house PDSI service should end on 31st March 2017 and should not be re-commissioned.

The current services for older people, provided by the voluntary sector will be remodelled into a single city wide service.

The current three external contracts, which are due to expire on 31st January 2017, will need to be extended to provide time to procure and award the new single contract.

The new single service will be retendered in line with procurement legislation and the Council’s Standing Orders. A single city wide service will provide best value for money.

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<th>1.2</th>
<th>Background</th>
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<tr>
<td>1.2.1</td>
<td>The older people floating support services were developed as part of the Public Health and Housing Project within the Health Action Zone Programme. They were developed as a result of a gap in casework for older people requiring support (not personal care) to tackle isolation and loneliness, assist hospital discharge where there were delays due to housing issues and to move home or support people to live independently at home. These services were initially funded through Transitional Housing Benefit as a precursor to the Governments Supporting People Programme.</td>
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<td>1.2.2</td>
<td>In 2003 these services were amalgamated into the Supporting People</td>
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Programme as part of the Governments consolidation of a range of funding streams. Locally, this programme was administered by Sheffield City Council Housing Independence Service (HIS) and services were broadened out to support all tenures. Since 2003 there have been significant improvements in quality and value for money of services but many have not been market tested since the original procurement.

1.2.3 Part of a programme of re-commissioning and procurement for housing related support was originally timetabled for re-commissioning during 2014/15. However, following a number of changes to the Council’s strategic direction, including the introduction of the ‘Better Care Fund’, re-commissioning was delayed to pilot new approaches, review current outcomes and ensure that they fit strategically within the prevention agenda.

1.2.4 Housing related floating support for older people is delivered by three voluntary sector providers; Age UK, Shelter Ltd and South Yorkshire Housing Association across three contracts. Combined they support a minimum of 491 older people in their own home at any one time. Provision is geographically split into 4 areas, South East, South West, North and West. These geographic areas mirrored the old PCT boundaries at the time the services were established. We have three contracts as SYHA’s contract supports two areas. Total annual investment of £1,234,897 is spent on housing related floating support services for older people. This has reduced from £1,375,920 in 2014 following value for money negotiations.

1.2.5 Housing related floating support for people aged over 18 with physical and sensory impairments (PDSI) is delivered by a single in-house service to a contracted number of 70 people in their own home at any one time. Annual investment into this service is £204,000. However, this contract has been underutilised for a number of years.

1.2.6 Initial consideration was to merge this service with the Older Persons Service and tender for a single contract. However, a reconsideration of this, based on the continued and significant underutilisation and alternative services already available for these clients in housing need, has changed the initial thinking. It is now recommended that this service is closed and not recommissioned.

1.3 The Market

1.3.1 The market for providing housing related support service is most developed in the Voluntary, Charity and Faith (VCF) sector, as this is where many service models were developed to meet gaps in statutory funding and they can provide excellent examples of how national issues can be tackled at a local level.

1.3.2 Standards and abilities of providers have been enhanced by the Supporting People Programme which drove up quality and standards, developing the market. The independent sector might be interested in delivering housing related support services but they would need to meet required standards and
be required to bring additional benefits to the contract and adding social capital will be a requirement of the new specification.

1.3.3 The VCF sector has a proven track record of increasing the impact of services by seeking and securing a range of non-statutory income to enhance services. This includes developing sustained, long term relationships with Corporate funding partners, attracting donations and gifts for individuals to supplement their work and successfully managing volunteer programmes.

1.3.4 For example in 2014/15 a total of £1.25m of additional funding/service in kind was contributed by the three older people floating support providers to directly support service users within their contracts.

1.4 Housing Related Support

1.4.1 Housing related support, which includes floating support, offers short term (6 to 12 months) case work support on a key worker model. Whilst the support is focussed at people who are at risk of losing their independence to live at home, or in deed their home itself the outcomes required are broad. This type of case work is aligned with other service offers to older people in need of a range of support services. It will take referrals from Community Support Workers and Housing Plus officers where a higher level of case work requirement is identified. Its aims are in line with the recovery agenda but offering a longer and broader input rather than very short term interventions to keep people living safe and well at home without the need for formal care packages.

1.4.2 Prevention is at the heart of housing related support and it exists to help people live independently in the community for as long as possible and prevents the need for more expensive care and health services. The need for this type of service for older people is forecast to increase in future years and as a minimum service provision should be retained at current levels.

1.4.3 Improved client wellbeing

Analysis of outcomes for clients accessing services via hospital discharge clearly show that housing related support services are extremely effective at improving client wellbeing and reducing use of health and emergency services.

Currently, services are delivering positive outcomes across a wide range of areas and are particularly good at;

<table>
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<tr>
<th>Support Area</th>
<th>% with Met Need</th>
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<tr>
<td>Maximising Income</td>
<td>90%</td>
</tr>
<tr>
<td>Reducing Debt</td>
<td>90%</td>
</tr>
<tr>
<td>Contact with External Services / Groups</td>
<td>90%</td>
</tr>
<tr>
<td>Managing Physical Health</td>
<td>90%</td>
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<tr>
<td>Managing Mental Health</td>
<td>85%</td>
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<tr>
<td>Assisting access to technology, aids and adaptations</td>
<td>87%</td>
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<td>---------------------------------------------------</td>
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<tr>
<td>Maintaining Accommodation</td>
<td>97%</td>
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<tr>
<td>Securing Settled Accommodation</td>
<td>70%</td>
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<tr>
<td>Developing Confidence and Client Involvement</td>
<td>94%</td>
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*2014/15 Sheffield Outcomes Framework data*

(A number of wellbeing questions were asked when support started and again when support ended in order to measure distance travelled in the client’s wellbeing);

- Confidence to live independently in own home increased from 6.3 to 7.9 (on a scale of 1-10)
- A feeling of safety in their own home increasing from 6.6 to 8.1.
- Those achieving as much social contact with family and friends as they would like, increasing from 52% to 82%.
- Those who are happy with their current housing situation increasing from 31% to 74%.

**Reduction in use of health and emergency services**

(Figures show the average number of times a service is used by a customer, measured for the 6 months prior to support starting and again when support ends; covering the support period);

- Hospital admissions reducing from 1.9 to 0.8
- 999 calls reducing from 1.1 to 0.3
- GP visits reducing from 1.6 to 0.9
- Activation of community alarms reducing from 0.8 to 0.5.

**2.0 HOW DOES THIS DECISION CONTRIBUTE?**

**2.1** Re-commissioning of services will enable the continuation of housing related support services for older people who need support to maintain their independent living in their home. They may require support to increase resilience to live independently, enable recovery and prevent unnecessary admissions to hospital, care services or other high cost statutory services. Some people will be at risk of losing their accommodation, or require support to move to more appropriate accommodation and settle. This will be across all tenures. Services will also be designed to reduce social isolation, and will contribute towards community stability.

**2.2** There will be increased community resilience through encouraging and supporting community engagement and networks, and through enabling homeowners, tenants and their families to take advantage of opportunities offered by the local community.

**2.3** It will support the ambitions of the Council’s Corporate Plan 2015-18 (in particular Better Health and Wellbeing and Tackling Inequalities). It also supports the priorities of the Communities portfolio – ‘People Keeping Well’ and ‘Thriving Communities’ by working with a wide range of people to support them to live independently. These services seek to ensure that adults...
and families, who may potentially lose their home are enabled to develop their life skills and overcome barriers to maintaining independence in their own home for as long as possible;
- to improve their health and wellbeing
- to enable successful recovery
- to build resilience
- to become responsible citizens
- to become successful tenants or residents

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<tr>
<th>3.0</th>
<th>HAS THERE BEEN ANY CONSULTATION?</th>
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<td>3.1</td>
<td>Service user views</td>
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<tr>
<td>3.1.1</td>
<td>A large consultation event for older people was held at the Town Hall and was very well attended by both current and former clients. A summary of findings is outlined below;</td>
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<tr>
<td>3.1.2</td>
<td>What has changed for service users as a result of support?</td>
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<td>Following the support they received there were a number of key themes that were recurrent. Service users spoke very highly of the service they received, reflecting the broad health and wellbeing outcomes expected from the commissioned services. Themes included;</td>
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<tr>
<td>- I am more confident.</td>
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<td>- I get out and about more.</td>
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<tr>
<td>- I’m in touch with more people, family, friends and other service users.</td>
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<tr>
<td>- Feeling of improved confidence and independence.</td>
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<tr>
<td>- Improved outlook on life and living.</td>
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<tr>
<td>- Life is easier.</td>
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<td>- Able to pay bills, deal with correspondence and maintain my property.</td>
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<td>- Organised my medication.</td>
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<td>- Relief to have someone to help deal with problems.</td>
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<td>- Feel safer.</td>
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<td>- I would be in care without support.</td>
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<td>- I live nearer my family and amenities.</td>
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<td>- Adaptions to my house.</td>
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<tr>
<td>- Not frightened anymore.</td>
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<tr>
<td>- Less lonely.</td>
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| 3.1.3 | Access |
| The access routes into housing related support services are extremely diverse and it is clear that the services are well established within the community and are known by agencies citywide. Referral routes include; community support workers, fire service, hospital, GP, housing office, social services, occupational therapist, friends/family and self-referral. This diversity should be maintained in future commissioning and we should ensure that the opportunity for self-referral remains intact. |
### 3.1.4 Length of Support

Service users were asked how long they needed support for (current contracting arrangements are 6 months in most cases). The consensus was that 6 months was not long enough to meet their needs. For those requiring support to regain independence it was felt that 6 months would not be sufficient for most people to get back on their feet and rebuild confidence, especially if they require to move home which can take time to wait, organise and settle in.

It was acknowledged that the amount of support required would go down overtime and the idea of a service that you can dip in and out of was popular. When asked what would be useful when support is withdrawn the responses included:
- Phone calls to check up
- Able to get back in touch for more help
- Resource pack of useful numbers
- Volunteer / peer mentor
- Telephone tree (this concept was explained to attendees)

### 3.1.5 Support Visits

Support is clearly personalised and frequency of visits is dependent on need. All service users received face-to-face support and clients were happy that this was arranged around their preferences; day, time, location. When visits were not taking place telephone calls were made and clients felt confident and comfortable to call service providers if they needed help or advice between visits. Service users expressed the importance of continuity of support workers and were put off when they had different support workers visiting them.

The most important qualities for support staff to have, included:
- Life skills.
- Respect, no condescension.
- Intuitive
- Good observation skills
- Good communication skills
- Good listener
- Friendly, not pushy.
- Trustworthy
- Knowledgeable about local area.

### 4.0 RISK ANALYSIS AND IMPLICATION OF THE DECISION

#### 4.1 Equality of Opportunity Implication

An Equality Impact Assessment (EIA) has been carried out for the re-commissioning of services and this has been signed off by Business Strategy (EIA -1155). On the whole, continuing to provide support services will have positive impacts for protected groups and in particular older adults.

There may be some negative impacts for some adults under the age of 55 with
physical disabilities if they are not at risk of homelessness. The service is short term service so all current service users will be supported to exit the service as they would be anyway regardless of the service closure. Any new potential service users with housing support needs could be assessed and if they are eligible they could be supported by a range of other services in the City, including Adult Social Care. However they could potentially displace other people from other floating support services if they are prioritised above them.

Whilst overall the decision is positive there will be a reduction in funding and this will reduce the number of older people the Service can work with by approximately 120 fewer people a year. (approximately 12%) Over time this decision will have a greater impact as demand increases through an aging population. Those in most need will continue to be prioritised. The procurement process might change this above or below this number.

4.2 Financial and Commercial Implications

The total financial resource currently allocated to this activity for 2016/17 is £1,439,000. This includes £204,000 for the PDSI service.

It is recommended that the single service is commissioned at a maximum value of £1,200,000

This is a reduction of £204,000 by closing the PDSI service plus an anticipated minimum saving of £35,000 from the combining of the services into one service. A further reduction may be made to meet resource pressures. It is possible that the market might bring additional financial savings through the tender process. However, the current services are currently providing good value for money and have benchmarked very healthily within the contract price. This is because we took the opportunity to negotiate savings with the current providers 2 years ago when we anticipated the delay in going out to tender.

Over the life of a 5-year contract the maximum contract value will be £6,000,000.

4.3 Legal Implications

The service that it is proposed will be provided under this contract help to meet the Council’s duty under Part 1 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources which contribute towards the prevention or delay of needs for care and support, and meet the general duty in carrying out functions under this Part of the Act to promote the well-being of individuals. They may also contribute to meeting the Council’s accommodation duties under the homelessness provisions in Part 7 of the Housing Act 1996.

On 17th February 2016 Cabinet approved the report Delegated Decisions for Housing Related Support Commissioning strategy and Budget Plan 2016 to 2020. It was resolved that:

1. That the Content of this report is noted and approval is given to the high
level commissioning strategy.

2. That the Director of Commissioning be authorised to terminate contracts relevant to the delivery of the Housing Related Support Strategy and in accordance with the terms and conditions of the contracts.

3. That in accordance with the high level commissioning strategy and this report, authority be delegated to the Director of Commissioning to:

   a) in consultation with the Cabinet Member for Health, Care and Independent Living and the Director of Commercial Services approve the procurement strategy for any service delivery during the period of the strategy;

   b) in consultation with the Director of Commercial Services and the Director of Legal and Governance award, vary or extend contracts for the provision of housing related support;

   c) in consultation with Cabinet Member for Health, Care and Independent Living, the Director of Legal and Governance and the Director of Commercial Services make awards of grants;

4. That the Director of Commissioning in consultation with the Cabinet Member for Health, Care and Independent Living, the Director of Legal and Governance and the Director of Commercial Services is authorised to take such other steps as he deems appropriate to achieve the outcomes in this report.

5. The Director of Commissioning shall only procure and award contracts for the provision of supported accommodation where the use of Council Housing accommodation is integral to the support in consultation with the Director of Housing and Neighbourhoods and where the appropriate approval for that use of the accommodation is in place.

6. The Director of Commissioning shall only procure and award contracts for the provision of supported accommodation, where there will be implications for housing benefit subsidy loss, in consultation with the Director of Finance.

This decision is taken within these delegations.

The procurement process to be followed is set out in Council Standing Orders. Services will need to be tendered in accordance with the Public Contract Regulations 2015 which for those with a contract value over £625,000 over the life of the contract that will require procedure advertised in OJEU.
#### 4.4 Other Implications

The decommissioning of the PDSI service will result in the ending of 4.5 posts in the In-house Adult Services being deleted. The service is currently under-going a restructure and it is likely that these staff will have opportunities for redeployment. Where this is not the case the Council’s usual policies for staff reduction will apply and Provider Services will work through this process with Human Resources Service, the staff and trade unions.

TUPE will not apply to Council staff.

TUPE may apply to some of the staff in the current older persons floating support services. This will be a decision for the successful bidder, in consultation with the current providers to carry out their statutory responsibilities in making required information available to the successful bidder.

#### 5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 An options appraisal was carried out to reconsider the commissioning arrangements for these services. The options considered were

1. Amalgamate all four contracts and retender for a single service at a maximum contract value of £1,4000
2. End the PDSI service and tender for a single older persons service at a maximum value of £1.2m
3. End the PDSI service and tender for a single older persons service at £1.1m.

#### 6.0 REASONS FOR RECOMMENDATIONS

6.1 Merging services for older people and focussing the service on longer term case work to keep people well at home will have the greatest value for older people and to the prevention of cost to social care.

Closing the PDSI service is unlikely to have impacts on people with disabilities, the service has been consistently underutilised and for people who do have a housing support need as there are a number of alternative services already in place who work with all people, including people with disabilities to support their housing needs. It is acknowledged that this will displace some people from other floating support services. But services will prioritise according to need.

6.2 Council Standing Orders require external services to be market tested.

6.3 Ensures best value for money and services are strategically fit to meet current and future needs.

6.4 Offers an opportunity to achieve added value and innovation within the community wellbeing agenda and add social value.

6.5 The services’ general focus meets with the strategic outcomes of the Corporate Plan in that it promotes health, wellbeing and builds resilience.