



## Report to Policy Committee

**Author/Lead Officer of Report: Sam Martin**

**Tel: 0114 2053671**

**Report of:** *Strategic Director Adult Care and Wellbeing*  
*Director of Public Health*

**Report to:** *Adult Health and Social Care Policy Committee*

**Date of Decision:** *20<sup>th</sup> September 2023*

**Subject:** *Recommissioning of a number of services providing housing related support to vulnerable adults.*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2301				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### **Purpose of Report:**

The report seeks approval to re-commission a number of services that provide accommodation and support to vulnerable people who are at risk of homelessness and other poor health and wellbeing outcomes.

Commissioning of the proposed services will enable the council to deliver essential service which support vulnerable people and contribute to statutory duties regarding Care and Support and Preventing Homelessness.

**Recommendations:**

That the Adult Health and Social Care Policy Committee approves:

- 1) the re-commissioning of a street outreach service from an external provider for a period of five years and an estimated value of £1,100,015, as set out in this report.
- 2) the re-commissioning of an accommodation and support service for people with a history of offending from an external provider for a period of five years and an estimated value of £2,008,220, as set out in this report.
- 3) the commissioning of an abstinence-based accommodation and support service from an external provider for a period of five years and an estimated value of £915,000, as set out in this report.
- 4) the re-commissioning of a drug and alcohol prevention and recovery support service for people living in the community from an external provider for a period of five years and an estimated value of £1,729,065, as set out in this report.
- 5) the re-commissioning of 18 units of the Thrive complex needs accommodation and support service from an external provider for a period of 26 months and an estimated value of £418,412, as set out in this report.
- 6) the commissioning of a service that helps older people (55 plus) who have deteriorating health and to access relevant support so they can continue to live independently for a period of 12 months and an estimated value of £794,233, as set out in this report.

**Background Papers:**

Appendix 1 – Equality Impact Assessment

Previous Cabinet and Committee Decisions relating to these services have been taken at various points in the last 5 years, including:

Commissioning of Housing Related Support Services, 22 August 2019

Older Person's Prevention Service, 21<sup>st</sup> September 2022

Updates on review of Housing Related Support, 15 March 2023

Cabinet Report – Commissioning new care and supported services for people with complex needs 23<sup>rd</sup> September 2020

Executive Director People Services – Procurement of Supported living services for people with complex needs, 30<sup>th</sup> January 2020

Lead Officer to complete:-		
1	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.	Finance: Anna Beeby
		Legal: Richard Marik
		Equalities & Consultation: Ed Sexton
		Climate: Tony Ellingham
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>SLB member who approved submission:</b>	<i>Greg Fell and Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name: Sam Martin</b>	<b>Job Title: Head of Commissioning Vulnerable People and Communities</b>
	<b>Date: 8th September 2023</b>	

## 1. PROPOSAL

- 1.1 Every year many people in Sheffield require help to maintain an independent life and a stable home or are at risk of becoming homeless. Most people either have help from a landlord or social housing provider, or friends and family, or need temporary accommodation without support. However, a small but significant number of people need more help, due to health or social issues. Some of this help is provided directly by the Council, but we also commission a range of accommodation and support services from external social landlords and charities. Many of these organisations have a particular focus on working with specific groups of vulnerable people, such as young people, families, or people with mental health issues.
- 1.2 The services outlined are known as housing related support services or supported accommodation. They are commissioned so people can develop the skills and confidence to live independently. The general characteristics of these services are that each person has a support plan that addresses their own goals, and these include things like:
- setting up a stable home
  - achieving better health and wellbeing
  - developing confidence
  - addressing the use of drugs or alcohol
  - offending
  - re-establishing links with family
  - accessing training or education
  - accessing or regaining employment
- 1.3 Generally, access to support is through a housing assessment. People who have additional needs are then placed in a suitable support scheme. In broad terms the services provide:
- Floating support which is delivered to people who have their own home or want to move into their own. This support helps people to sustain independent living.
  - Accommodation schemes which provide people with a room on a site or in a large building where there are some communal facilities. This support includes help with developing independent living skills. The support is linked to a plan agreed with the person receiving the support. The support has a target duration date and people are expected to live independently in the community after support ends.
- 1.4 Dispersed accommodation schemes provide people with a flat or house, some of the accommodation is shared with others and some is single occupancy. People also get support to develop independent living skills. As with the other accommodation schemes, people have a support plan. These schemes usually have a target duration of support, after which people are expected to live

independently in the community. One of the schemes in this report is different as there is no time limit.

- 1.5 In 2023 and 2024 several of the contracts that provide this type of support will end. For the services and support to continue they will need to be recommissioned. These services have been through recommissioning processes many times before at different times in the last 15 years. This report deals with these contracts and makes recommendations as to the process undertaken to secure the future delivery of each service.
- 1.6 The proposals will see services continue to be delivered in a similar way to what they are now, but because of a competitive tendering process some of the providers may change. Due to the end date of some of the contracts it will not be possible to commission all the services that are due end through a competitive tender in a timely way before the current contract end. For these services contract extensions are being requested, to ensure stability and no loss of service for people whilst recommissioning processes are undertaken.
- 1.7 The recommendations are in line with a recent strategic review of housing related support services. The review found that this type of support plays a valuable role in helping people who have accommodation needs and face multiple disadvantages, but that some changes are needed so more people achieve better outcomes. Some core principles have been agreed and the proposals contribute to these principles. This is dealt with in greater detail below in the section that looks at how this decision contributes.
- 1.8 **Recommendation 1 – Re-Commission a street outreach service to engage rough sleepers into support** for a period of five years from 01/06/2024 to 31/05/2029 and an estimated value of £1,100,015. This service is important because it helps to get people who sleep rough into accommodation, other support services and it reduces anti-social behaviour. On any given night it is not unusual for 20 to 30 people to be sleeping rough. The current service is provided by a charity called Framework and the contract expires on 31/05/2024.
- The service provides outreach support 365 days a year.
  - Staff go out and talk to people on the street, telling them about help and support available and build positive relationships.
  - The service works closely with a range of agencies such as City Council homeless services, health, and other relevant support services.
  - Staff attend meetings with other agencies to plan support for individuals.
  - The service provides intelligence about the incidence and nature of rough sleeping.
- 1.9 **Recommendation 2 – Recommission an Accommodation and support for people with a history of offending** from an external provider for a period of five years from 01/05/2024 to 30/04/2029 and an estimated value of £2,008,320. This service is aimed at people who have an offending history, need accommodation, and need some initial support so they can maintain that accommodation and move on to live independently in the future. Continuing to commission this type of service helps to meet an important demand. Over half

the people who leave prison are officially homeless on their actual release date. In a typical month 88 people who have a housing need have an offending history. The current service is provided by Target and expires on 30/04/2024.

- The current service supports 116 people at any time. The service provides people with their own accommodation and support in a variety of locations across the city, homes are single and shared occupancy.
- People get an average of 4.3 hours support per person every week depending on need. The support helps people to develop a range of independent living skills, such as budgeting, accessing health services, developing confidence, and enjoying better life outcomes.
- The service has strong links with the criminal justice agencies.
- People have a support plan with several goals, support has a target duration and ends when goals are met. This involves moving out of the supported accommodation but includes several other goals linked to sustaining independent living.

1.10 **Recommendation 3 - Recommission an abstinence-based accommodation support service** from an external provider for a period of five years from 07/02/2024 to 06/02/2029 and an estimated value of £915,000. This service is for people who want to be in abstinence-based supported accommodation, to help them address their drink or drugs problem. Problems with drink and or drugs is a common problem of people for people in supported accommodation services and it is important for people to have a choice of a service where they are with other people who are committed to abstinence. The current service is provided by Humankind and expires on 06/02/2024.

- The service provides accommodation, comprising of 16 single rooms in one building and 5 self-contained flats. All the accommodation is on one site. The new service will continue to operate from this building and the commissioning will be for the support.
- The current service is not a specialist rehab facility but does support people leaving rehab or who have had a medical detox.
- The service is similar to other supported accommodation services and provides support for a limited period of time. It offers an average of just over 9 support hours per person per week and aims to help people to become independent by developing a range of life skills and maximising income.
- The service has a focus on helping people to sustain recovery and to live independently.
- People have a support plan with a number of goals, support has a target duration and ends when goals are met. This involves moving out of the supported accommodation but includes a number of other goals linked to sustaining independent living.

1.11 **Recommendation 4 - Recommission a drugs and alcohol prevention and recovery support service for people living in the community** from an external provider for a period of five years from 07/02/2024 to 06/02/2029 and an estimated value of £2,005,000. This service helps people moving from supported accommodation or rough sleeping into their own accommodation, as

well as helping people who are living independently, but at risk of losing their accommodation. It can take people many attempts to change problematic use of drink and or drugs. This type of service helps people to make positive changes and sustain recovery. The current service is provided by Shelter and expires on 02/02/2024.

- The service supports up to 105 people at any time and offers just over 3.5 hours of support a week.
- Support may be provided in one or a combination of people being visited in their own home, over the telephone or virtually.
- People are assisted to access the right support so people can live independently, such as income maximisation, specialist health provision and engagement in community activities. The service has a special focus on helping people access support for their drink or drug problems.
- People have a support plan with a number of goals, support has a target duration and ends when goals are met.

1.12 **Recommendation 5 – Commission 18 units of the Thrive complex needs service** from an external provider for a period of 26 months from 01/04/2024 to 30/05/2026 and an estimated value of £418,411.50 (interim service). The current service is provided by Target and expires on 31/03/2024. The service provides accommodation and support for men and women who have accommodation needs and multiple complex health conditions. The service addresses an important gap for people who have previously had poor life outcomes. This service has been delivered successfully since 2021. It is a different model of provision from what used to be commissioned and sees people with multiple and complex needs supported in their own home, rather than a hostel. It is proving successful for the people supported in the service, with no evictions and better life outcomes across a number of measures, such as admissions to Accident and Emergency and reduced anti-social behaviour.

- The service is not time limited. It provides people with a tenancy and average of 8 hours support a week.
- The people supported have accommodation and multiple complex health and social needs, also known as co-morbidity.
- Typically, people in this service have a history of repeated homelessness and unsuccessful outcomes in other services.
- People have a support plan with a number of goals and this is kept under review.

Target also provide a high support service using dispersed accommodation (i.e., flats all over the city not all in one block) for people with complex needs (long-term service). The support is not 24/7 on site but visiting support. This service is separate to the interim service.

- 1.13 Another separate service to provide sixteen units of accommodation with support for men and women who have complex health needs and are over the age of forty-five was commissioned in 2021 and was to be delivered by St Anne's housing charity. As a new 24/7 staffed block of accommodation for people with complex needs would take 18-24 months for a provider to build, the interim service was also commissioned to provide a short-term service using dispersed accommodation which would accommodate 18-20 people until the block of accommodation was built and opened.

The service delivered by St Anne's ceased early in June 2023 for commercial reasons and will not now be delivered. As mentioned above, the interim service will also expire on 31/04/2024.

It is therefore proposed that the Council commission an additional 18 units as part of the long-term service being delivered by Target.

The cessation of the St Anne's service means the people in the interim service would not have a service to move on to when the interim service ends. As the same provider delivers the long-term service, the best solution is to incorporate the two services, so they have the same end date of 30th May 2026. The 18 people in the interim service are doing well with the current support being given and will benefit from being able to stay at the same address and with the same provider.

- 1.14 **Recommendation 6 - Commission a service that helps older people (55 plus) who have deteriorating health and to access relevant support so they can continue to live independently** for a period of 12 months and a value of £794,233 from 18/10/2023 to 17/10/2024. This service provides case work to older people, it helps people to quickly adjust to a change in circumstances by putting in the right support quickly, which reduces the pressure placed on housing, health, and social care services. The current service is provided by South Yorkshire Housing and expires on 17/10/2023.
- The service supports up to 299 people at any one time.
  - Supports timely hospital discharge and prevent admission to residential care.
  - Maximising income and accessing benefits.
  - It helps people to continue living in their own home safely through aids, adaptations, or rehousing.
  - Building resilience and confidence by helping people to participate in community activities.
  - Helping people get the right support from health housing and other services more quickly and reducing repeat presentations.

This service has an impact across different service areas, including housing, public health and adult social care. The review of housing related support, concentrated on accommodation-based services. This service is also linked to early help services. These services are being reviewed as part of an exercise that focuses on prevention and wellbeing services. The service works well with other services such as the Health and Housing Team and the Home First Prevention Service. The review will consider how these services and other



developments such as the Living and Ageing Well Service and Care and Wellbeing Service, may lead to changes in how services are better aligned. The extension of up to twelve months will allow for any new commission to take account of these factors. An extension will ensure that any changes can be planned so the 299 people supported by the service experience a smooth transition to any new arrangements.

### 1.15 **Cost benefits**

The services in this paper are more cost effective than alternative types of support. Where people are in accommodation and dispersed accommodation schemes the support element is paid for from the Council General Fund and Public Health Grant and in some cases government grants for specific initiatives. The housing costs that people pay are met from housing benefit. The way the council commissions these services means the housing benefits payments are recoverable from government.

For schemes that are not commissioned, the council can't always recover the full housing benefit payment, and this results in additional costs to the council. The support costs of the accommodation schemes vary depending on the service but range from just under £3400 a year to just over £9600 a year. This compares with £42,000 a year for residential care and £150,000 a year for secure hospital care. Some other financial benefits include:

- Having the services in place allows the council to bid for government grants and add value to existing provision.
- Commissioned services have access to charitable funding that is not available to the council, and this has brought in additional resources, recently this has included a women's activity worker

## 2. **HOW DOES THIS DECISION CONTRIBUTE?**

**The decision will help meet a range of strategic objectives.**

2.1 The decision is sought from Adult Health and Social Care Committee, but helping people in Sheffield to maintain an independent life and a stable home meets a range of strategic objectives and joint working protocols across different service areas, these include:

- One Year Delivery Plan priorities such as tackling inequalities, healthy lives and wellbeing.
- Joint Health and Wellbeing Strategy Ambitions such as promoting good health and avoiding social isolation.
- Adult Social Care Vision 2022-2030 – Living the way you want to live.
- Sheffield Drug Strategy
- Homeless Prevention Strategy

- Promoting a Team around the Person approach where professionals work together to find the best solutions when someone’s needs have changed, or a situation escalated.
  - The Race Equality Commission Report of 2022.
- 2.2. The decision aligns most closely with the Adult Health and Social care Strategy and the Housing Support Review.
- 2.3 Our **Adult Social Care Vision** is that *Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery. This decision promotes this vision and the commitment to Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.*
- 2.4 The model of provision proposed is in line with the principles set out in the **Supported Accommodation Review**. The was undertaken to inform the future commissioning of housing related support. The review sets the following core principles:
- Helping more people earlier and preventing the need for supported accommodation
  - Less reliance on large hostels and more choice
  - More flexibility about the duration of support for the most complex people
  - Less reliance on council housing when people move from supported accommodation.
  - Build on existing best practice – such as trauma informed approaches, developing psychologically informed environments and being outcomes focussed.
- 2.5 People from black and minority ethnic communities are more likely to become homeless and in need of support regarding good quality housing. The Sheffield Race Equality Commission Report found that this is due to long term issues of discrimination, poverty and access to good quality jobs and housing. The services to be commissioned as set out in this report do not provide long term housing, but will provide a safety net and important stepping stone of support for some of the most vulnerable people in our communities. The services will be commissioned from organisations committed to addressing the recommendations in the Race Equality Commission report and who are able to respond effectively to the diverse needs of different communities in the City.
- 2.6 **The decision will mean some of the most vulnerable people in the city get the support they need.**
- 2.7 Along with other commissioned services and support directly provided by the Council the services in this paper collectively play an important role in providing

a network of support to prevent poor life outcomes and helping people in crisis to find solutions.

- 2.8 On a typical day 529 people are being supported by the services outlined in this paper. Services are working at full capacity.
- 2.9 People supported by the services in this paper two and half times more likely than the general population of Sheffield to have a disability. Typically, they will have multiple health needs such as poor mental health, drug abuse, alcohol abuse and physical health needs. They also have other needs such as being socially isolated, having debts and needing support to develop the skills and confidence to live independently. This places additional challenges to living independently. The people supported are therefore at risk of developing more complex needs without targeted support. The services are therefore delaying or preventing the development of needs, helping people achieve better life outcomes and preventing early death.
- 2.10 The vulnerable adults supported by these services will often have had multiple childhood traumas that have had a negative impact on their psychological development as adults, such as seeing violence in the home, being the victim of physical, sexual or emotional abuse and being in institutional care. This is known as having had Adverse Childhood Experiences. It often leads to children getting poor educational outcomes and having problems in adult life, such as repeated homelessness and involvement with the criminal justice system.
- 2.11 People who have experienced repeated homelessness and rough sleeping develop frailty at a much younger age than the general population. Due to transient lifestyles, it is more likely that health conditions will not be diagnosed. This often means that abuse of alcohol, drugs and anti-social behaviour are the only issues most services are aware of, but these mask deeper more complex problems. This often manifests itself as multiple unplanned admissions to hospital. This places people in a very difficult position where they are seen as a problem by mainstream health services and society more generally, making it more difficult for people to get the help they need.
- 2.12 The starkest illustration of the increased frailty and vulnerability of people with a history of rough sleeping, is that the average life expectancy for men is 47 and the average life expectancy of women is 43.
- 2.13 Inflation and the cost-of-living crises increases the risks of poor older people who experience a deterioration in health losing their independence.
- 2.14 People using the services in this paper are much more likely than the general population to be male - 67% compared to 51% for the general population. This will be addressed in the service specifications for all services so the needs of women are better met. Women who require support have often experienced or are at risk of domestic abuse. While there are specific domestic abuse services and some women only services that meet the needs of some of these women, all the services in this paper need to be women friendly by making sure

the way they target provision and offer services provides a safe environment for women.

- 2.15 The services that will be commissioned will be required to have staff who understand that these challenges are faced by people using services and to help them overcome barriers to accessing other relevant support services.
- 2.16 People from ethnic minorities are overrepresented in the floating support service for people addressing drug and alcohol problems but underrepresented in the service that support older people. In the other services the number of people from ethnic minorities who are supported is slightly smaller than the general population. We know from the Race Equality Commission report that people from ethnic minorities are more likely to experience deprivation. Service specifications and contract monitoring will address equality of access and outcomes. Excluding the service for older people, the majority of people supported will be middle aged. People are twice as likely to have a disability or long-term illness than the general population of Sheffield.
- 2.17 The precise needs of people in different service varies, but across all services needs have increased generally during the lifetime of their contracts. It is projected that key needs that contribute to people requiring the services in this paper will increase further. From a baseline of 2020 we can expect to see the following projected increases by 2029 across the city:
- 3.3% (704 people) in domestic abuse cases
  - 2.8% (343 people) in problematic drug use
  - 5.5% (1069 people) in problematic alcohol use
  - 12.8% (12,083 people) aged over 65
  - 2.34% (1650) people with a mental health problem, this is likely to be an under estimate due to legacy of increased mental health problems during covid.
- 2.18 The street outreach service engages people into the range of available support. It operates every day of the year and workers go out early in the morning to identify and engage with rough sleepers. It is key to helping Sheffield fulfil its' commitment in the Homelessness Prevention strategy to eliminate entrenched rough sleeping.
- 2.19 The accommodation-based services such as the offenders service and the abstinence-based accommodation service provide people with a period of stability and help them build confidence, develop their skills and to access any specialist support that is needed. For many people this is sufficient for them to be able to move on from supported accommodation and live independently in the community.
- 2.20 The complex needs accommodation service was set up for people who have the most significant health conditions. The people who use this service are at greatest risk of not sustaining independent living and dying prematurely if they do not have long-term accommodation and support. Nearly everybody in this

service (97% of people) are registered disabled, have a physical health condition, have a diagnosed mental health condition and misuse substances. Over half have a learning disability.

- 2.21 Most of the people who do not need long-term support need some transitional help to move from supported accommodation. Part of the remit of the drug and alcohol prevention and recovery service is to provide this support. The service also plays an important preventative role in situations where living independently is at risk of breaking down.
- 2.22 The older person's prevention service has a slightly different remit from the other services in this paper. The focus is very much on keeping people as healthy as possible for as long as possible, maximising income and reducing social isolation. In contrast to the other services very few people have a drink or drug problem, but nearly everyone suffers from mental ill health, is on a low income, needs to develop a healthier lifestyle and feels socially isolated.
- 2.23 Financial benefits include:
- Commissioned services have developed job opportunities for people who have 'lived experience' and used services, to work with their peers.
  - Commissioned services have expertise that increases the knowledge and improves the practice of staff in mainstream services about homeless issues, by providing training and leading some partnership working groups.
  - Benefiting the economy by helping people supported to maximise their income. Since it's inception the service that supports older people has for example enabled them to claim over £600,000 in backdated payments.
  - Addressing inequality of income, the people that access services that support people in their own home live in the most deprived parts of the city. In any given post code there is almost a direct correlation between the level of deprivation and the number of people accessing the service.

### **3. HAS THERE BEEN ANY CONSULTATION?**

3.1 Consultation with people who use services has influenced the recommendations in this report in a variety of ways. Further work is under way that will influence service design and this includes surveys, focus groups and workshops with people who are experiencing multiple disadvantage.

3.2 Focus groups and questionnaires were used as part of the strategic review of housing related support. Individual reviews of the services in this report have included consultation. Each of the services referred to in this report have their own mechanisms for hearing the views of the people they support and use this to influence service developments, this involves surveys when people leave a service and follow up contact with people who have left services and agree to be contacted.

3.3 Key messages from consultation so far tells us:

- It makes a significant difference to people when they are treated with unconditional positive regard. People have told us that they have had some very bad experiences in the past from mainstream provision and this has made them reluctant to seek support. People tell us that when they are treated with respect by staff they notice this and that it is something they value very much. One person said *My mental health has got better....Nobody expects me to behave in a certain way, they accept me for who I am.*
- People prefer to have consistency of support and work with the same person. This is important in building trust.
- People prefer accommodation support in their own accommodation or in small group settings and they value having a choice about where they live. One person said *"I have my own home. That is just mine. I don't have a time limit. I don't have people expecting things from me I can't do. They have the time for me. They have helped me get extra help I could never have done by myself. I now have hobbies I didn't think I would ever do again"*
- People who are trying to abstain from drinking or drug taking do not want to be around others who are using.
- People feel they have to repeat their story every time they seek support.
- Face to face contact is important
- Give people more choice about where they live
- People who are victims and need help can be blamed as the cause of the problem without the right support, for example when vulnerable people are cuckooed.
- Give people more than one chance, avoid evictions where possible.
- Try to improve information sharing

3.4 Further work has taken place during August and September to build on what we know and this will influence the focus of service specifications and what performance information we measure. This includes:

- Carrying out paper and online surveys with recent recipients of services. There is a general survey that anyone can complete to feed back on the four service pathways. There are also targeted surveys for people who use the Offenders and Rough Sleeper Outreach services to ensure that their distinct experience is considered. We are also engaging with services that support women, LGBTQ+ groups, and minoritized communities to ensure their views are taken into account.

- Carrying out two online consultation sessions with professional stakeholders.
- Undertaking pop up sessions at key services to help recipients complete surveys and give individual feedback.
- Holding focus groups with people who use the Offenders, Rough Sleeper Outreach, SWWOP, and Substance Use Recovery service to gain additional insight.
- Holding in person service design workshops directly with people experiencing multiple disadvantage as experts by experiences to discuss key aspects of the design of each service.
- Carrying out an online meeting with professional stakeholders to look specifically at issues relating to services for offenders.
- Working with Changing Futures to synthesise the learning from these exercise and collaboratively inform the development of the specifications and procurement methodology.

#### **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION –**

##### **4.1 Equality impacts**

- 4.1.1 The services support people whose accommodation is not stable or have a history of homelessness, along with other needs such as poor health, low income and involvement with the criminal justice system. The services make a positive difference to people’s lives by addressing inequality of income and health outcomes. Learning from consultation and contract monitoring demonstrates a need to ensure better equality of outcomes for people from minoritized communities, women, people who are transgender and people who are LGB+. This will be addressed in service specifications and contract monitoring.

## 4.2 Financial and Commercial Implications

4.2.1 It is proposed to tender services based on the following amounts:

Service	Estimated cost Annually	Estimated total contract cost over it's full life
Street Outreach Service	£220,003	£1,100,015
Offenders accommodation based service	£401,644	£2,008,220
Abstinence based accommodation	£183,000	£915,000
Prevention and recovery support to people in their own home	£345,813	£1,729,065
Complex needs service	£193,113	£418,412
Live Well at Home (older peoples support)	£794,233	£794,233

4.2.2 As shown in the body of the report this is a cost effective way of providing support. The amounts can be met within allocated budgets.

## 4.3 Legal Implications

4.3.1 The Council has a variety of powers and duties in relation to:

- Preventing and addressing homelessness (Housing Act 1996)
- Taking steps to improve the health of the people who live in their areas, including the provision of alcohol and drug treatment services (Health and Social Care Act 2012)
- Promote the wellbeing of its constituents and provide services to that effect (Care Act 2014).

4.3.2 The Council also has contracting powers under the Local Government (Contracts) Act 1997.

4.3.3 The provision of the services as set out in this report will ensure that the Council meet these statutory duties and the proposal in the report that these duties will be met by way of an extension to existing contracts may be one option (subject to separate Council approval).

## 4.4 Climate Implications

4.4.1 An initial CIA has been completed and incoming providers will be required to complete a CIA to support the implementation of any new contracts . Providers will be asked to consider how they can support Climate Action targets, including:



- How staff travel around the city;
- How they can be as energy efficient as possible;
- How the use of products can be minimised and lowest impacts products used where possible;
- How waste can be minimised;
- How awareness of climate impacts and what they can do to help can be raised amongst staff

## **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 Bring the services in house – this would be a lengthy process and could not be achieved in a way that would avoid loss of provision. It would be likely to be less cost effective than the current arrangements because income streams that are available to the commissioned services are not available to Sheffield City Council. The providers have access to accommodation which is not available to the Council so the services provider an increase in capacity available to our overall homelessness and housing support system in Sheffield. Accommodation based providers often own or lease their buildings so the Council would need to find ways to buy, build, or take on new leases for suitable properties which would create delay and additional cost.

5.2 End the contracts – This would leave 529 vulnerable people without a service. In view of the range of services and the level of needs of the people it would put pressures on housing and social care budgets. Many of the people using the services would, if not supported, be subject to our duties to rehome under the Homeless Act. It is likely that fewer people overall would get an alternative services and the overall cost would be greater. It is likely:

- Some people would be placed in residential care at a much greater cost than their current provision. Some people in the complex needs service were formally in residential care.
- Some people would be placed in bed and breakfast or costly provision that is not regulated, their needs would not be met as well as they are being under current arrangements.
- Some people would be likely to be left without a service given that 529 people would be negatively impacted.

## **6. REASONS FOR RECOMMENDATIONS**

6.1 The proposals are aligned to a range of strategic objectives and help the council meet statutory duties in relation to social care and homelessness. The proposals mean that services will be in place that meet the needs of some of the most vulnerable adults in the city in a cost effective way. This will be achieved by:

- Helping people stay in their own home for longer;
- Engaging rough sleepers into services and support;
- Providing a range of specialist supported accommodation types;

- Helping people who are ready to out of supported accommodation to sustain independent living.

6.2 The services meet the needs of people who have multiple needs. Some of these people do not meet social care thresholds, but without a service their needs would deteriorate. Other people with a higher level of need would meet social care thresholds and meeting these needs would be more costly than the current arrangements.

6.3 As well as providing important elements of support to individuals the services have a wider impact, such as improving joint work across different agencies and bringing a return on investment, such as additional funding and increasing the income of people supported.