

19 February 2018

(to be considered by Health and Well Being Overview and Scrutiny Commission on 9th February 2018)

Wards: All wards

Housing Related Support recommissioning

Report of the Corporate Director for Public Health & Adults

This item is not exempt
Therefore exempt reasons are not applicable

Appendix 2 is exempt on the grounds it contains commercially sensitive information namely information in relation to supplier payment rates that at this stage the public interest in maintaining the information private outweighs the public interest in the information being made public

This is a Key Decision

This is a key decision. The matter is in the Forward Plan
No 64/17

1. Purpose of the Report and Summary

1.1 The purpose of this report is to provide Committees in Common with a set of recommendations for the future provision of Housing Related Support (HRS) in Hull.

1.2 The recommendations are put forward based on four detailed options appraisals, contained within the body of this report.

- the total budget envelope
- the numbers of units for HRS service provision
- the implementation of a single point of access or 'gateway' and;
- the procurement route to secure the provision.

- 1.3 This paper also sets out the intentions for contractual management and quality assurance of HRS provision and for ensuring value for money.
- 1.4 HRS provides preventative low-level support to help people to gain the skills required to live independently, avoid homelessness, combat social isolation and, where possible, access work and training. HRS is recognised by our statutory partners as an intervention that prevents or delays more intensive health and social care provision across the system. This paper seeks to impress the intention to continue investment in HRS services, which aim to help people to help themselves and access available support when they need it, avoiding the need for reliance on statutory services. HRS is seen as strategically important to the Adult Social Care new operating model, and to our partners in Children's Services, Housing, Health and Probation.
- 1.5 Moving forward, we wish to create a system that works in a more joined up way, with a single entry point, a person-centred and flexible support pathway and sufficient support to enable people to move on successfully. This will be linked to an agreed set of common outcomes, and a greater focus on early help and prevention. Fundamental changes are required to achieve this and make best use of the limited amount of funding available.
- 1.6 Following the recommissioning exercise, there will be a reshaping of current provision, **with additional units overall and a net increase in accommodation based beds**, which will include a mix of 24/7, non 24/7 and a number of new 'emergency beds'. **There will also be a substantial increase in the number of 'floating support' hours available** - which will help the Council to provide early intervention and preventative support in line with Adult Social Care's new Operating Model.
- 1.7 It is important to have a range of HRS services that provide both the right intervention at the right time, and create a clear and structured pathway into and out of services enabling 'flow'. The proposed approach supports the development of sustainable and effective early help options, including floating support, to reduce the likelihood of, delay or avoid crisis. It also provides an opportunity for strategic partners to work together to deliver the best solutions for individuals requiring housing support. Agreeing shared outcomes and common maximum tariffs for HRS services should also help reduce future need for more costly services and reduce pressure on other budgets.
- 1.8 The paper presents options to 'recalibrate' the current HRS historic budget envelope that is funding services out of the scope of the definitions of HRS. The transition of monies, post contract award, into the relevant budgets is proposed following full

consultation and agreement across directorates in order that further future commissioning can make the best use of all available and applicable resources.

1.9 **Current Position**

1.10 Most people accessing housing support services in Hull have multiple and complex needs, which often include homelessness, substance misuse, offending and mental health issues. Evidence shows that demand is increasing and that people are being turned away due to a lack of vacancies. This is creating a pressure on ASC supported living budget and during this year we have seen an increase in people with mental health issues, learning disabilities and other complex needs accessing supported living services, at significant cost to ASC.

1.11 The majority of short-term service provision currently consists of hostels. Hostels are not suitable for all individuals, particularly those with a history of substance misuse and anti-social behaviour. The level of floating support is very low compared to other authorities and only 17% of current HRS spend is on short-term floating support. Floating support, delivered to people in their own homes, helps to prevent homelessness and is effective in reducing the need for accommodation-based provision. At present, floating support and accommodation-based support are seen as two separate service types, which need to be better integrated.

1.12 **Future proposals**

1.13 There is a need for a coordinated pathway through services, consistency in referral routes and maximum service tariffs, linked to a clear understanding of what is available. Entry to services will be via a new integrated Single Point of Access, which will form part of Housing's wider Homeless Prevention offer. The process for accessing support services should be streamlined and less onerous, with the right type of support service being offered first time.

1.14 Spend on HRS services for people who require short-term support will be maintained at the current level but services will be redesigned to better meet need. Overall provision will increase and will include:

- 24/7 services, including more community-based services which are more appropriate for young people and vulnerable adults. There will be between 5% to 12.5% reduction in hostel beds, and an overall increase in total accommodation-based units. In future adult hostel units will only be allocated to people over the age of 21. Detailed proposals are in the main report. Where possible, in buildings consisting of 16 units and over, accommodation should be configured to enable people to live in

small groups (maximum 8) with their own shared facilities, including access to kitchens etc.

- An increased number of non-24/hour services, (based on option 1b below) offering flexible visiting support to individuals living in flats or shared accommodation
- A number of quick access 'emergency' beds, – either dispersed, within standalone buildings or as small clusters within larger hostels, ideally with their own separate entrance and facilities. These units would offer very low level support for up to 14 days, to encourage access to longer-term services where required.
- Providers will be expected to provide ongoing resettlement floating support, as at present, tailored to the needs of the individual, for up to 6 weeks. If an individual requires longer-term support, they will be referred to the preventative support service, or, if necessary, to another long-term support service appropriate for their needs.
- A generic floating support service enabling people to live in their own homes, with flexible, person-centred support provided to meet their needs and prevent homelessness. This service will also offer longer-term targeted resettlement support for up to 2 years to those that need it, with the aim of preventing them re-entering the system.



- Specifications for HRS-funded accommodation based services will include a set of basic minimum standards in respect of the quality of the accommodation provided as well as the support provided.
- **Full details re future unit numbers and future spend per service type is included at Appendix 2, which is exempt.**

1.15 Spend on HRS services for women escaping abuse will be maintained at the current level, but services will be recommissioned to better meet need, in partnership with the Community Safety Partnership and other stakeholders.

- 1.16 Current unit numbers for people with long-term conditions will be preserved, but services will be recommissioned to better meet need in partnership with Adult Social Care, the CCG and other key stakeholders.

2. Recommendations

- 2.1 That Cabinet approve the total budget envelope of £3.7m for HRS Services, noting that of this, the budget envelope specifically spent on services for people with long-term conditions (£0.7m) will be managed through the wider Adult Social Care budget allocated to meeting the needs of these individuals.

This recommendation is part of preferred option 1b.

- 2.2 That following successful award, the budget envelope specifically spent on Domestic Abuse (£331,535) will be managed through Council team who support the Community Safety Partnership (CSP); enabling these services, to be fully embedded into the City Plan for tackling Domestic Abuse.

This recommendation is also part of preferred option 1b.

- 2.3 That option 2b is approved, namely that the Council plan to increase accommodation based provision from 587 to 634 units with the tender seeking to deliver four lot groupings namely (a) 24/7 accommodation units (a commitment to fund 309 units divided between sub-lots for different user groups), (b) non 24/7 accommodation units (a commitment to fund 310 units divided between sub-lots for different user groups), (c) emergency units (a commitment to fund the anticipated demand for 15 units/unit) and (d) floating support (a commitment to fund 462 hours/week) delivering an 8% increase in accommodation based units overall together with an increase of 138 hours floating support. Full details of future commissioning proposals are in Appendix 2, which is exempt. This option represents best value for both the ratio and levels of floating and accommodation based support within these services.

- 2.4 To include within the tender standardised maximum prices, for all floating and accommodation based Housing Related Support services, based on benchmarked costs, are agreed. Details at Appendix 2.

- 2.5 That the contracts for accommodation based support are tendered with an expectation that providers are, or are seeking to achieve, Registered Social Landlord status.

- 2.6 That a 24/7 accessible Single Point of Access is established to organise and coordinate the flow of HRS services, save that it is anticipated that Domestic Abuse referrals will continue to be made primarily through the National Hotline, ensuring people receive the right service and that appropriate interventions proportionate to their needs and their situation. The Single Point of Access will be established within the context of the current Housing Options service and will be multidisciplinary. Arrangements will be put in place to ensure that emergency placements can be made at any time, day, or night, 7 days a week.
- 2.7 That an EU procurement exercise is undertaken to establish a framework of Housing Related Support Service providers for people aged 16 and over. The contracting period will be 24 months with the option to extend the contract thereafter for a further 12 months at a time for a further two years, subject to accommodation providers implementing a strategy to develop or maintain small to medium sized accommodation units.
- 2.8 Given the determination of maximum tariffs, to note that in relation to procurement evaluation the focus will primarily be upon quality of provision with an 80%/20% quality/price balance;
- 2.9 That in in relation to procurement evaluation, providers will be expected to demonstrate within the quality evaluation how they will deliver social value throughout the contract term.
- 2.10 Agree to delegate contract award authorisation to Corporate Director of Public Health and Adults, in consultation with the portfolio holder and Town Clerk.

3. Reasons for Recommendations

- 3.1 The first recommendation seeks to strategically align resources to support better future commissioning and use of resources.
- 3.2 The Adult Social Care New Operating Model, the Homeless Strategy and the and the Children and Young People Transformation Plan all stress the importance of prevention and early intervention, and of putting in place the right community based provision to enable people to live well and independently in their community. Housing Related Support is a key strategic provision in this context. Ensuring people are able to achieve and maintain their independence and have the security of their own home are also indicators that they are less likely to require other long term statutory services.

- 3.3 Domestic Abuse (DA) is a multi-agency issue and as such giving the Crime and Safety Partnership (CSP) the oversight of HRS DA services makes strategic sense. The CSP is a statutory board responsible for the reduction of crime, disorder, anti-social behaviour and adverse impact to the environment. The CSP takes the lead on delivering services to support those who are victims of domestic abuse and works with perpetrators. The CSP is also responsible for the citywide partnership, strategy and delivery plan which includes support and preventative work conducted in a range of settings
- 3.4 The provision of accommodation-based and floating support for those fleeing domestic abuse is critical to the range of support available in the city. The CSP is currently conducting a strategic review of all elements referred to within the strategy and plan to enable oversight and effective delivery by all services/sectors involved in the support of victims of domestic abuse.
- 3.5 Equally, where HRS services are meeting the needs of people with learning disabilities and/or mental health difficulties it makes sense for this funding to align with wider Adult Social Care services for LD and MH. This will help ensure that there is a clear pathway for those that may need step up and step down services to reflect their changing needs.
- 3.6 Recommendations 2, 3 & 4 are put forward with the rationale that we intend to make better use of the existing resources to commission a range of services that show a clear pathway into and out of HRS services. In order to create that range of services it is clear that we need to obtain best value for money in our procurement and delivery and ensure that services are of good quality and can achieve the right outcomes for vulnerable people.
- 3.7 Procuring the right services will support early intervention and prevention and help reduce homelessness, in line with national and local expectations set out under the Homeless Reduction Act 2017.
- 3.8 In order to minimise the impact to the council of providing accommodation based support, through mixed funding arrangements, including exempt Housing Benefit, the Council need to maximise the ability to reclaim this element of funding from central government.
- 3.9 Ensuring providers above the threshold of 30 units are registered will enable some risk mitigation against the current £500k cost pressure to the Housing Benefit Transfer budget. There is also a qualitative element to this with higher levels of quality assurance against defined standards for the provision of accommodation.

- 3.10 Establishing a Single Point of Access is necessary to coordinate access to provision that the Council funds and to ensure the Council has a single point of intelligence about capacity, utilisation and throughput. It is necessary to ensure individuals get the right support at the right time, avoid unnecessary delays in access and have a consistent experience. In establishing this 'Single Point of Access' we will ensure it is connected to existing services and routes into support and that it takes a multi-agency approach as the first point of contact for the individual. It is also crucial that the Council continue an 'open dialogue' with providers on the Single Point of Access over the forthcoming months.
- 3.11 An options appraisal of the procurement routes has taken into account the context of these services and the need for clear contracting arrangements that are in line with local and national policy.
- 3.12 A break clause following the first two years of the Framework has been assessed as the most optimal way for the Council to factor expected impacts of the following planned changes to the Local Housing Allowances.
- 3.13 The recent Government consultation document published 31st October 2017 set out proposals for supported housing rents which will come into effect in 2020. Having an opportunity to pause gives the Council the opportunity of flexibility to respond and adjust if necessary.
- 3.14 The key areas under consultation are;
- Housing costs for short-term services will be managed and commissioned at a local level
 - Funding will be ring-fenced & local authorities will have to assess local need.
 - Proposed timeframe is to implement changes to LHA from 2020

4. Impact on other Executive Committees (including Area Committees)

- 4.1 The proposals within the report have an impact across the entire city and will be considered by the Committees in Common and Cabinet to support joint understanding of the approach to be followed.

5. Background

5.1 What is housing related support?

- 5.1.1 HRS provides preventative low-level support to help people to gain the skills required to live independently, avoid homelessness, combat social isolation and, where possible, access work and training. HRS is recognised by our statutory partners as an intervention that prevents or delays more intensive health and social care provision across the system. This paper seeks to impress the intention to continue investment in HRS services, which aim to help people to help themselves and access available support when they need it, avoiding the need for reliance on statutory services. HRS is seen as strategically important to the Adult Social Care new operating model, and to our partners in Children's Services, Housing, Health and Probation.
- 5.1.2 Housing Related Support can be delivered via a range of service models, including:
- Support linked to designated accommodation, such as hostels, refuges, and community based housing.
 - Support which is not linked to accommodation and is delivered as 'floating support' in person's own home, regardless of tenure.
- 5.1.3 Housing Related Support services support a range of vulnerable groups including the following:
- People with mental ill-health
 - People with learning disabilities
 - People with a physical disability.
 - Young people (aged between 16-25)
 - Offenders / ex-offenders/ risk of offending
 - People involved in substance misuse (Drugs/alcohol etc.)
 - People who are homeless or threatened with homelessness
 - People fleeing domestic abuse
 - Teenage parents
- 5.1.4 There is often overlap between the above groups and people who have multiple and complex needs. HRS is mainly delivered to people who require low to medium support and are not eligible for Adult Social Care funding.
- 5.1.5 The services were last awarded on the 1st December 2013 following an extensive service review and in the context of sizeable financial reduction in the amount of grant and the removal of the 'Supporting People' ring fence in March 2011. The review and procurement exercise was to support the transitioning of the services from the Supporting People ring-fence to broader, local strategic goals.

5.1.6 In October 2017 Cabinet agreed to an extension of existing Housing Related Support (HRS) services within the current framework. This has allowed the time necessary to develop a Delivery Plan for these services, taking into account national legislative and policy context which affect, or will affect future delivery of these services. It also allowed the opportunity for our commissioning approach to mature into a multi-agency and joined up approach across strategic partners.

5.1.7 Previous commissioning of the HRS framework was prior to much of the national legislative and policy context outlined below and the approach did not consider sufficiently the need to create flow in the system. There has been no Single Point of Access to services and minimal oversight of the performance and quality of contract delivery. Referral and access to services has remained at the individual control of the provider; this has both impacted on the council's ability to strategically inform the wider approach of the HRS provision and in turn left the individual providers isolated when situations of individual crisis have escalated and the support of additional services is required.

5.1.8 The current annual spend on HRS is just over £3.7m. 14 providers deliver 911 units of support across 29 individual services. The table below gives a more detailed breakdown of the current mix of provision.

Table 1: Current make up of HRS services in Hull

	Current no of units
24/7 Accommodation based support	343
Non 24/7 Accommodation based support	244
Emergency/crisis Accommodation	0
Totals	587
Floating Support	
Floating Support (hours)	324

5.1.9 National Policy Drivers

5.1.10 The Care Act 2014 highlights the importance of Local Authorities working with providers to shape the market and ensure information is shared, open and transparent. It places new duties for prevention and wellbeing at the heart of the legislation. The act also makes several

explicit references to the role of housing and suitability of accommodation in the wellbeing principle:

- 5.1.11 A general duty to promote wellbeing makes reference to suitable accommodation. Housing is not just the 'bricks and mortar', suitable housing, linked to appropriate HRS support is a key element of overall provision. Information and advice on all available HRS options, whether or not linked to accommodation, should be provided in an integrated way with cooperation with partner bodies, including housing.
- 5.1.12 The Children and Social Work Act 2017 will provide greater clarity on the role of councils as “corporate parents” of children and young people in care, and care leavers, (with the extension of their entitlement to age 25 years), as well as to what councils and other agencies should do in safeguarding cases.
- 5.1.13 The Draft Domestic Abuse Bill. Earlier this year, the government announced its intention to create new laws to deal with domestic abuse in England and Wales.

5.2 Welfare reform

- 5.2.1 The Government’s welfare reform agenda will impact significantly on the affordable housing options for people moving on from HRS funded short-term accommodation into the private rented sector.
- 5.2.2 The recent Government consultation document published 31st October 2017 set out proposals for supported housing rents which would come into effect in 2020.

The key areas under consultation are;

- Housing costs for short-term services will be managed and commissioned at a local level
- Funding will be ring-fenced & local authorities will have to assess local need.
- Proposed timeframe is to implement changes to LHA from 2020

5.3 The Homelessness Reduction Act 2017

- 5.3.1 Perhaps most pertinent to this commissioning exercise, this Act places new duties on local authorities supporting people who are homeless or at risk of becoming homeless. The Act requires LAs to completely review all their homelessness advice and assistance services; providing earlier help in order to prevent homelessness from occurring.

- 5.3.2 In response, The Housing department has recently developed a new 'Preventing Homelessness Strategy 2017-2021'; this was approved at Cabinet in September 2017 (see minute 40). The Strategy is split into two distinct strategic priorities. The first is 'improving access to housing and preventing homelessness' and is primarily concerned with exploring initiatives such as making better use of Discretionary Housing Payments (using them for things such as rent in advance and bond payments) as well as delivering tenancy readiness initiatives for younger people and educational communications campaigns aimed at improving resident's knowledge of homelessness. In the longer term, all of what is set out under this priority seeks to reduce the number of people from becoming homeless and, at worst, sleeping rough.
- 5.3.3 The second priority is 'relieving homelessness and tackling rough sleeping' – this priority deals with addressing homelessness when everything which exists to prevent it has failed. Key pieces of work include continuing to develop the rough sleeper outreach offer (including having this fully coordinated with access to primary and mental health and substance misuse services), agreeing a hospital and mental health facility discharge protocol to ensure that those who are homeless are not discharged to inappropriate settings or to the streets.

5.4 The Adult Social Care New Operating Model (NOM)

- 5.4.1 Hull CC has embarked on an ambitious transformation journey for Adult Social Care and since the beginning of 2017 the service has been progressing with the implementation of the ASC NOM, which focuses on demand and volume management whilst promoting self-help, prevention and early intervention.
- 5.4.2 The case for early intervention and preventive services is based on the premise that if low-level needs can be prevented from turning into acute needs, or at least their progress slowed down, then demand for more expensive adult social care services can be delayed and reduced. People retain their independence for longer and receive the kind of support they want, while ASC save resources on more expensive formal services. Changing the culture and refocusing on the individual needs rather than organisations and services in line with the Hull vision, "a life not a service".

6. Issues for Consideration

The spectrum of provision in Hull

- 6.1 Hostels
- 6.1.1 There are currently 9 short-term hostels (6 for adults and 3 for young people) providing a total of 324 hostel beds (81% of all short-stay accommodation-based provision for people with complex needs). There are 3 hostels with over 40 units and the largest hostel has 113

units.

- 6.1.2 All provide 24/7 waking cover with most out of hours' cover funded by Housing Benefit. Customers usually receive weekly key working sessions, together with ad-hoc support, as required.
 - 6.1.3 The hostel model can provide a useful element of an overall accommodation pathway, and can serve a purpose in terms of emergency accommodation, but research shows that it does not achieve such successful outcomes as some other approaches.
 - 6.1.4 Hostels are not suitable for all individuals, particularly those with a history of substance misuse and anti-social behaviour. This is also an expensive model, particularly in terms of Housing Benefit, and changes to LHA allowance rules for supported housing might mean that some hostels may struggle to access sufficient revenue funding in future. Providers of all accommodation-based HRS services can claim enhanced levels of Housing Benefit to help fund tenancy management costs, because there is support attached to the tenancy.
- 6.2 Non-24-hour accommodation-based support.
- 6.2.1 There are currently 12 services providing 256 units of non-24-hour accommodation-based support to a range of client groups.
 - 6.2.2 Accommodation consists of purpose built units, community-based shared houses or self-contained flats. In most cases, there is a management agreement in place between the provider and a private sector lettings agency, or housing associations. The quality of the accommodation varies considerably.
 - 6.2.3 Customers receive key-working support, based on their needs, with an average of 1-2 key working sessions per week, together with ad-hoc support if there are staff based on the premises during the day. Most services operate Monday to Friday, 9am to 5pm, with an on-call service at the weekend.
- 6.3 Floating support
- 6.3.1 Support is delivered to people living in their own homes, rather than in accommodation sourced by the provider. Floating support clients rarely receive more than 1 visit lasting around 1 hour per week and sometimes considerably less, as their needs decrease and they prepare to leave the service.
 - 6.3.2 There are currently 9 floating support services, providing 274 units of floating support to a range of client groups and 50 drop in units for BME customers. There is a service for people with multiple needs; however, there are no generic preventative floating support services.

Approximately 40% of current provision consists of long-term floating support to people with physical and learning disabilities, all of which are either service specific or targeted at specific client groups. Access and referral into services is via various sources including the Hull CC Housing Options Team and other statutory and voluntary agencies. Clients can also directly access most services.

6.3.3 Floating support can avert the need for people to move into accommodation-based services. This is likely to be impacting on the high number of people constantly accessing accommodation-based services.

6.4 Homeless families schemes

6.4.1 There are currently 2 Homeless Family support services, providing 42 units (beds) of support to homeless families. One service offers day time cover and sleep in support 7 days a week and one offers support Monday to Friday, 9-5pm with a weekend on call.

6.4.2 There is currently one 14-unit women's refuge, consisting of a mix of self-contained and shared accommodation for families, with shared facilities. Support is offered 9am to 8pm, Monday to Friday, and 9am to 4.30 pm at the weekend.

6.5 Services for Young People

6.5.1 There are currently 49 hostel bed spaces for young people aged between 16 and 25, 4 move on flats and 40 units of floating support. A full review of all Hull CC funded services for young people aged over 16 has been carried out, including consultation with a range of customers, full details of which are at Appendix 1. Key findings in terms of HRS services are as follows:

- Demand exceeds supply.
- Adult hostels are not appropriate for young people under the age of 21
- There is a need for some hostel provision specifically for young people; however research shows that young people are less likely to succeed in hostels with more than 15 units. However larger hostels can be reconfigured to ensure clusters of no more than 8 units with shared facilities.
- There is also a need for smaller community based units with 24/7 support and more step-down provision (shared housing and self-contained flats with low level visiting support).
- The process for accessing support services should be streamlined and less onerous
- There needs to be more effective floating support available to help young people to successfully maintain their tenancy after move on.
- HRS provision for young people needs to be integrated into

wider pathways for this group, with more options available, particularly for very vulnerable young people.

- 6.5.2 Service for young people with complex mental health issues
Services specifically for young people with complex mental health needs consists of a 7-bed shared house offering 24/7 waking support for young people with complex and severe mental health issues.
- 6.6 BME service
 - 6.6.1 A drop-in service for the local BME community is available 9-5 Monday to Friday. The service provision is 50 hours. The weekly unit cost per week is very low, but the service mainly offers brief interventions. There are other similar services operating across the City providing very similar support and officers have questioned the need for this service in the future?
- 6.7 Emergency accommodation
 - 6.7.1 The HRS budget contributes to the support costs of 2 hostels providing 75 units of emergency accommodation for people with very high needs that other services may not be willing to accept. One of these services acts as an assessment centre, where people stay for a few weeks before being referred to other provision.
 - 6.7.2 These services opened after the last HRS contracts were let and a small subsidy towards support costs has been provided via the HRS budget. Both services offer 24/7 waking cover and support, including needs assessment, and support plans. The majority of service costs are met by Housing Benefit.
- 6.8 Domestic abuse
 - 6.8.1 HRS is currently funding a 14 unit women's refuge and 30 units of floating support.
 - 6.8.2 Domestic Abuse is a multi-agency issue and as such giving the CSP the oversight of HRS DA services makes strategic sense.
 - 6.8.3 The CSP is a statutory board responsible for the reduction of crime, disorder, anti-social behaviour and adverse impact to the environment. The CSP takes the lead on delivering services to support those who are victims of domestic abuse and works with perpetrators. The CSP is also responsible for the citywide partnership, strategy and delivery plan which covers support and preventative work conducted in a range of settings.
 - 6.8.4 The provision of accommodation-based and floating support for those fleeing domestic abuse is critical to the range of support

available in the city. The CSP is currently conducting a strategic review of all elements referred to within the strategy and plan to enable oversight and effective delivery by all services/sectors involved in the support of victims of domestic abuse.

6.9 Long term services

- 6.9.1 Unlike most other authorities, Hull CC still funds services for people with long-term conditions (mental health, physical and learning disabilities) out of the HRS budget. The nature of needs is such that there tends to be support in place beyond what is ordinarily defined as 'short-term' services. Realignment of this spend to the wider adult social care budget would present a clearer understanding of the value for money of these services and is recommended as part of this report.
- 6.9.2 Where HRS services are meeting the needs of people with learning disabilities and/or mental health difficulties, it makes sense for this funding to align with wider Adult Social Care services for LD and MH. This will help ensure that there is a clear pathway for those that may need step up and step down services to reflect their changing needs.
- 6.9.3 As the above descriptions show there is already a diverse range of HRS in Hull. Data tells us that the services are all in high demand, are well utilised and many have a waiting list.
- 6.9.4 The ratio of accommodation-based services to preventative floating support services with only one generic floating support service at present creates a system with very little chance of throughput. A benchmarking exercise shows Hull has a higher ratio of accommodation based services to floating support than any other authority involved in the benchmarking exercise.
- 6.9.5 The system as it is currently configured is reactive and crisis focused. Individuals enter the system, predominantly, at the point they require temporary accommodation. To focus more on prevention and early help means to reconfigure to a better balance of provision with more floating support within it. This means the support interventions can seek to avoid people going into crisis and it can be there for people when they have experienced crisis but are ready to move on, from temporary accommodation, back into longer term tenure.

6.10 Needs analysis and unmet need

- 6.10.1 Most people accessing housing support services in Hull have multiple and complex needs, which often include homelessness, substance misuse, offending and mental health issues. The exact number of people with multiple and complex needs in need of support in Hull is not known, as there is currently no standard way of recording such data.

- 6.10.2 However, it is possible to extrapolate, using recent research commissioned on behalf of MEAM, which found that there are 58,000 people in England who face overlapping problems of homelessness, substance misuse and contact with the Criminal Justice System and many also experience mental health problems.
- 6.10.3 These individuals 'recycle' around local services, at significant cost to themselves, local communities and the public purse. This research shows that the average local authority in England has 1,470 people facing this profile of multiple needs.
- 6.10.4 In addition to the 400 accommodation based units and 194 floating support units that the current HRS budget provides for, there are also approximately 474 additional units providing non-HRS-funded accommodation and support to vulnerable and homeless people who have difficulties sustaining a tenancy, including offenders and those at risk of offending, refugees and EU migrants. All the non-HRS-funded services visited to date offer basic needs assessments and support plans and low-level support with benefits, bills and budgeting, mental health, and substance misuse.
- 6.10.5 Taking these units into account, it equates to approximately 1120 units, 20% less than the estimated required provision of 1470 units, but considerably more than is provided by many local authorities.
- 6.10.6 Some of the non-HRS funded services, operating on a much lower overall level of income, currently accept high needs individuals who have been refused by local HRS services. A number of individuals 'rotate' between current HRS commissioned services and also access non-HRS funded street outreach services.
- 6.10.7 In addition to the level of provision, the specific gaps in meeting needs of individuals effectively include:
- High, complex and multiple needs – many homeless people have problems related to alcohol and substance misuse. They also often present with additional needs associated with their physical and mental health.
 - There are currently no accommodation based or floating support services, funded through HRS, whose primary focus is alcohol and drug misuse. Equally for rough sleeps and street drinkers.
 - Accommodation for women escaping abuse
 - Coordination and joining up of the wider Domestic Abuse support services including shared outcomes and information sharing protocols
 - Insufficient support for female offenders and those with high needs and for who hostels are inappropriate accommodation.
 - Appropriate, community-based, dispersed units of accommodation for young people under 21.
 - Step down accommodation, taster flats and floating support for young people.

6.11 Finance and value for money

- 6.11.1 There is very limited public data available re local authority HRS spend. Many local authorities with similar populations and levels of deprivation to Hull no longer account for HRS separately and some no longer fund any HRS services. Many have transferred funding for long-term conditions (mental health and physical/learning disabilities) into Adult Social Care budgets and either closed their homeless hostels, or transferred responsibility for them to Housing, with funding coming from Housing Benefit.
- 6.11.2 Based on limited data available, Hull CC currently spends considerably more on HRS per head of population than most other authorities, including Middlesbrough which ranks higher than Hull on the Index of Multiple Deprivation.
- 6.11.3 Only 17% of current spend is on short-term preventative floating support for people with complex needs. The average weekly unit cost for hostel beds, including the very small subsidy payment to two projects, is £100 per week. Not including this amount, the average is £112 per week, which is still within the benchmark for services of this nature.
- 6.11.4 The average weekly cost for non-24-hour support, excluding services for Homeless Families and one service for 4 young people which has a disproportionately high cost is £87 per week. This is slightly above the upper benchmarking comparison for services of this nature. More generally, analysis shows the services with the lowest levels of HRS funding, which were set up after the HRS contract award, are supporting the people with the highest needs. Services supporting women escaping violence, and services for Homeless Families receive more HRS funding per week than other services, although HRS is not intended to fund child support or parenting skills etc.

6.12 **Future commissioning proposals**

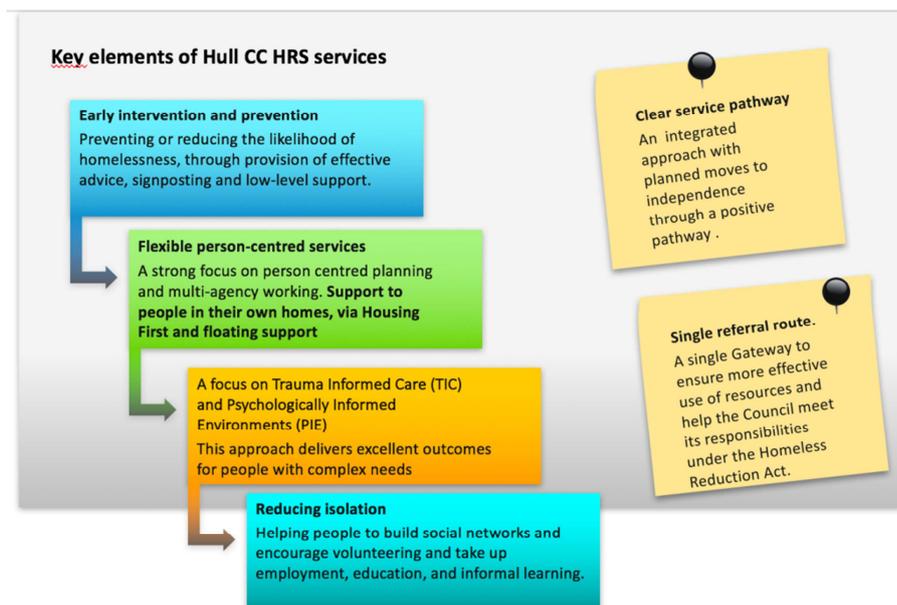
- 6.12.1 Moving forward, creation of a system that enables providers to work in a more joined up way, with an agreed set of common outcomes, shared needs assessment and support plans, and a greater focus on helping people to integrate into their local communities and to access education, training and work opportunities.
- 6.12.2 Following the recommissioning exercise, there will be a reshaping of current provision, **with additional units overall and a net increase in accommodation based beds**, which will include a mix of 24/7, non 24/7 and a number of new 'emergency beds'. **There will also be a substantial increase in the number of 'floating support' hours available** - which will help the Council to provide early intervention and preventive support in line with Adult Social Care's new Operating

Model.

6.12.3 Future HRS services will help Hull CC to deliver its new operating model (NOM) in the following way:



6.12.4 Providers will be expected to adopt an approach to support that is based on *Making Every Adult Matter* (MEAM), *Psychologically Informed Environments* (PIE) and *Trauma Informed Care* (TIC) and use of an appropriate distance travelled outcome measurement tool.



6.12.5 The intention is to commission fewer hostel beds, create service models offering 24/7 support which are more appropriate for young people and vulnerable adults, commission a larger number of non-24/hour services, and a generic floating support service enabling people to live in their own homes, with flexible, person-centred support provided to meet their needs. The new approach will include the following key elements:

6.12.6 Entry to the system will be via a new Single Point of Access, to be developed in partnership with Housing during 2018.

6.12.7 Spend on HRS services for people who require short-term support will be maintained at the current level but services will be redesigned to better meet need. Overall provision will increase and will include:

- 24/7 services, including more community-based services which are more appropriate for young people and vulnerable adults. There will be between 5% to 12.5% reduction in hostel beds, and an overall increase in total accommodation-based units. In future adult hostel units will only be allocated to people over the age of 21. Detailed proposals are in the main report. Where possible, in buildings consisting of 16 units and over, accommodation should be configured to enable people to live in small groups (maximum 8) with their own shared facilities, including access to kitchens etc.
- An increased number of non-24/hour services, (based on option 1b below) offering flexible visiting support to individuals living in flats or shared accommodation
- A number of quick/direct access 'emergency' beds, – either dispersed, within standalone buildings or as small clusters within larger hostels, ideally with their own separate entrance and facilities. These units would offer very low level support for up to 14 days, to encourage access to longer-term services where required.
- Providers will be expected to provide ongoing resettlement floating support, as at present, tailored to the needs of the individual, for up to 6 weeks. If an individual requires longer-term support, they will be referred to the preventative support service, or, if necessary, to another long-term support service appropriate for their needs.
- A generic floating support service enabling people to live in their own homes, with flexible, person-centred support provided to meet their needs and prevent homelessness. This service will also offer longer-term targeted resettlement support to those that need it, with the aim of preventing them re-entering the system.
- Specifications for HRS-funded accommodation based services will include a set of basic minimum standards in respect of the quality of the accommodation provided as well as the support provided.
- **Full details re future unit numbers and future spend per service type is included at Appendix 2, which is exempt.**

6.12.8 There will be direct access for women fleeing domestic abuse and for people in need of emergency beds. However access to all other HRS services will be via the new Single Point of Access in order to ensure that people can access the most appropriate

service first time.

6.13 A Single Point of Access

A 24-hour Single Point of Access (SPA), available 24 hours a day, 7 days a week for all HRS services in the local area, including emergency accommodation, but excluding services for women fleeing domestic abuse.

6.14 This service will be developed in consultation with users so that it is designed to reflect the needs of the anticipated user group. Arrangements will be put in place to ensure that emergency placements can be made at any time, day, or night, 7 days a week.

6.14.1 If the SPA is linked to the existing Home Options homeless prevention service, a seamless service can be introduced, which provides better value for money overall and also provides a range of improved and more appropriate options for vulnerable people. This will help to enable the Council to discharge its responsibilities under the Homeless Reduction Act 2017.

6.14.2 A Triage Assessment resource would have a core role in maintaining an overview of available HRS funded and other accommodation options across the city and refer people appropriately.

6.14.3 Introducing a Single Point of Access enables:

- A more consistent approach to undertaking needs assessment and understanding of provision, resulting in better matching of needs with appropriate services
- Better use of limited resources, ensuring that those with the highest needs are accessing the services they need
- Improved safeguarding, with a shared knowledge of possible risk, agreed approaches to manage risks and knowledge of who is placed where
- Improved ability to continue with prevention work, so that people can be supported to return home/to family/friends if this is safe and appropriate
- An overview of planned and unplanned move on
- Prompt and appropriate filling of voids
- Consistency in assessments to help vulnerable people to access the right accommodation first time and reduce the revolving door scenario.

6.15 **Registered Social Landlord registration**

6.15.1 Though the HRS revenue pays for the support to individuals, the funding in its totality for accommodation based support is multiple income streams. The core rents and service charges are covered under Housing Benefit.

6.15.2 Nearly all supported housing accommodation residents claim Housing Benefit in order to enable them to afford the rent levels associated with this type of accommodation. Rents are generally higher due to landlords including elements for communal areas and for enhanced tenancy support or tenancy management. This results in additional costs to the Council as Housing Benefit Subsidy is only paid in full for enhanced rent levels where the supported accommodation is provided by a Registered Social Landlord (RSL). Where the provider is not an RSL, subsidy is only paid up to the Rent Officer Determination (ROD) of the rent that should be charged for that property. Housing Benefit regulations state that the benefit paid is based on all eligible rent elements not just those included within the ROD which does not include specific provision relating to the support element of the accommodation and is therefore a lower amount.

6.15.3 For vulnerable customers (on certain DWP benefits or single parents) 60% subsidy is paid by the government to the Council for the Housing Benefit that has been paid over the ROD value, for all other 0% subsidy is paid. The number of HB claims for non RSL supported accommodation has increased significantly over the past three years and the projected cost to the Council for 2017/18 is £1.7m.

6.15.4 It is our intention to specify a reasonable threshold, based on the total number of accommodation units provided under these contracts, over which the landlord will have to be an RSL. This limits the immediate impact of RSL application to those providers who have the resource and administrative size to undertake the application process and its on-going monitoring.

6.15.5 The council will support those organisations; both practically and financially; who are required to, and others who are willing to, undertake the application process. In order to maximise the recovery of costs throughout the life of these contracts, organisations providing accommodation based support will be encouraged to become RSLs. Support will include covering the cost of registration, currently £2500. Practical support from council officers will also be available to support with preparing the evidence of adherence to the regulatory standards as set out in guidance and codes of practice here:
<https://www.gov.uk/government/publications/a-guide-to-regulation-of-registered-providers/a-guide-to-regulation-of-registered-providers>

6.16 A focus on outcomes and high quality services

6.16.1 Providers will be expected to adopt an approach to support that is based on *Making Every Adult Matter* (MEAM), *Psychologically Informed Environments* (PIE) and *Trauma Informed Care* (TIC) and use of an appropriate distance travelled outcome measurement tool.

- 6.16.2 Service outcome data has not been collected routinely for HRS over the course of the current framework agreement. Under the new service specifications and contracts there will be an expectation on providers to work in partnership with the council on contract monitoring and quality assurance of these services.
- 6.16.3 This will include routine and consistent provision of data and information relating to service delivery. The contracts will be subject to the council's contract compliance audits and its quality assurance framework which will include processes such as self-assessment, quality checking and peer reviewing.
- 6.16.4 The intention is to collectively use data and information obtained from the services to demonstrate value for money; that key service performance indicators are being evidenced through the ASC commissioning for outcomes framework and those individual outcomes are being achieved.

7. Options and Risk Assessment

7.1 Options

- 7.1.1 Fundamental changes are required to make best use of the funding available for housing support services and to ensure that HRS plays a key part in helping to deliver the Adult Social Care & Children's Transformation agenda and wider system resilience.
- 7.1.2 The system must enable providers to work in a more joined up way, with an agreed set of common outcomes, shared needs assessment and support plans, and a greater focus on helping people to integrate into their local communities and to access education, training and work opportunities.
- 7.1.3 There are four distinct issues that require decisions.
- the total budget envelope
 - the number of units for HRS service provision
 - the implementation of a single point of access or 'gateway' and;
 - the procurement route to secure the provision.

7.2 Decision 1: Budget envelope

- 7.2.1 The current overall HRS spend is £3,720,807. It has been identified that the units for people with long-term conditions provide for longer term needs and that therefore the funding should be aligned to the adult social care budget to meet eligible need. It is also identified that the HRS service for DA, procured under this exercise, should be strategically aligned to the CSP.

7.2.2 Option 1a) **This option is not recommended.**

7.2.3 Status quo is maintained in that all HRS services (including domestic abuse and services for people with long-term conditions) remain within the HRS budget going forward.

7.2.4 Risks attached to this option

This option would not enable DA services to be aligned with wider strategic plans re domestic abuse and there is a risk of duplication and silo working and of not maximising the positive impact of the New Adult Social Care Operating Model, which is based on the principles of effective joint working. In terms of long-term conditions, it is essential that there are better pathways through services and improved cohesion HRS and ASC funded services for this group.

7.2.5 Option 1b **Preferred option**

7.2.6 Post procurement, the spend for domestic abuse services and services for people with long-term conditions, will be managed through the contract by the Council team supporting the Community Safety Partnership and the corresponding Adult Social Care budget, which will enable ASC to have oversight of the early intervention with individuals and the impact on long term costs.

7.2.7 Risks attached to this option

This approach has the potential to effectively fragment the programme, in terms of transfer of DA funding to the Community Safety Partnership and transfer of services for people with long-term conditions to other ASC budgets. This risk will be mitigated through continued multi-agency oversight going forward and agreement of an overarching approach to outcomes measurement and contract management.

Option 1b will allow commissioning and procurement to maximise value for money. It will provide an equitable approach to procuring all accommodation based and floating support provision required within the HRS market and it will ensure that there are joined up and close working relationships for services for Domestic Abuse within the wider city partnership. This option recognises the characteristics of the individuals currently accessing the Learning Disability & Mental Health services and the recognition that their support is generally more long term than others within HRS provision.

7.2.8 Option 1c) **This option is not recommended.**

7.2.9 The current spend against Domestic Abuse, Learning Disability and Mental Health is top sliced from the existing HRS budget and aligned to the respective responsibilities of CSP and ASC. Effectively taking that element of the overall budget out of scope of this procurement exercise.

7.2.10 Risks attached to this option

All HRS contracts expire on 30 October 2018 and therefore these services need to be recommissioned as part of the overall retendering exercise.

7.3 Decision 2: mix of future service provision

7.3.1 The overarching recommended approach is to encourage a move away from large scale 'hostel' facilities over the duration of the contract, and create service models offering 24/7 support which are more appropriate for young people and vulnerable adults, together with a larger number of non-24/hour services, and floating support services enabling people to live in their own homes, with flexible, person-centred support provided to meet their needs.

7.3.2 Modelling has been undertaken on a mix of alternate accommodation solutions. The following three options have been put forward, based on the principles set out above. They are premised on the assumption that option 1b is accepted and the re-procurement; therefore, of DA and accommodation based LD/MH services are included in the recommissioning exercise.

7.3.3 **All cost modelling tables and prices transferred to Appendix 2, which is exempt.**

Option 2a). A reprofiling of the accommodation to create a mix of 631 accommodation units and 442 hours/week floating support.

Option 2b). A reprofiling of the accommodation to create a mix of 634 accommodation units and 462 hours/week floating support.

Option 2c). A reprofiling of the accommodation to create a mix of 636 accommodation units and 469 hours/week floating support.

7.3.4 Option 2a).

7.3.5 **This option is not recommended.**

Breakdown (a) 24/7 units 326, (b) Non 24/7 units 290 (c) Emergency units 15

Floating Support 442 hours/week

7.3.6 Risks attached to this option

This option retains a high percentage of hostel beds and does not adequately reflect the proposed recommissioning priorities and does not adequately reflect the strategic intention of the NOM

outlined above.

7.3.7 Option 2b).

7.3.8 **Preferred option.**

Breakdown (a) 24/7 units 309, (b) Non 24/7 units 310 (c) Emergency units 15

Floating Support 462 hours/week

7.3.9 Risks attached to this option

There are risks attached in terms of reputational and public perception. There is a sense that hostel beds are the only option for homeless people and that any reduction in hostel beds will have a direct negative impact on the current service offer.

In fact, the proposal is to provide a more balanced, preventative approach, which incorporates all three aspirations of the re-commissioning and market shaping exercise. Although it slightly reduces the 24/7 unit numbers, it introduces a number of new emergency beds, increases the provision of smaller, community based non-24/7 units and significantly increases the floating support offer. This creates options for the most appropriate intervention, achieves a manageable reduction in hostel beds and mitigates the risk and impact of this.

7.3.10 Option 2c).

7.3.11 Breakdown (a) 24/7 units 301, (b) Non 24/7 units 320 (c) Emergency units 15

Floating Support 469 hours/week

7.3.12 Risks attached to this option

This option may result in reducing too large a number of hostel beds over too short a period of time, which potentially puts the council at risk of 1) destabilising the market and 2) potential increase in homeless presentations.

There is an opportunity to revisit all of the above within 2 years. see clause 3.2.1

7.4 Decision 3 – Access to services.

7.4.1 Option 3a).

7.4.2 Continue to allow services to be utilised on a direct access approach. **This option is not recommended**

7.4.3 Risks attached to this option

There would be no Council oversight of selection decisions and allows for the possibility of cherry picking at provider level. It also means for a potential customer there are multiple entry points each with its own criteria for inclusion/exclusion. This can present

a very time consuming process for an individual in need when they are attempting to source their own support from the HRS provision. This approach would also provide a single entry point for 24-hour access.

7.4.4 Option 3b). **Preferred option.**

7.4.5 A Single Point of Access coordinated and administered through a multi-agency approach for all, with the exception of individuals fleeing Domestic Abuse. This provides coordination of service provision and gives a consistent point of intelligence for service capacity, utilisation and outcomes. It introduces standardised approaches to referrals, initial assessment and access to service providers. Arrangements will be put in place for emergency out of hours' access.

7.4.6 Risks attached to this option

There is a strong corporate commitment for the SPA to be in place in time for the commencements of the new contracts. However further work is required to finalise the specification and operating model of the single point of access and the intention is to coproduce this with providers and other stakeholders.

7.4.7 Option 3c). **This option is not recommended.**

7.4.8 A Single Point of Access for all services including domestic abuse. coordinated and administered through a multi-agency approach for all HRS services. This option although bringing the benefits of option 2b, would not provide the direct access required for individuals fleeing domestic abuse and as such may work contrary to the immediate nature of this provision.

7.4.9 Risks attached to this option

Many women fleeing domestic abuse access the service from out of area and rely on the National Domestic Abuse helpline in order to be referred, which enables national coverage of available refuge vacancies.

7.5 Options appraisal 4 – Procurement route

7.5.1 A detailed appraisal of the procurement route options is set out at appendix 3 of this report. The market must be diverse and sustainable and provide sufficiency of support to meet needs. The Council seeks to offer equality of opportunity and ensure that processes are fair, transparent and equitable for all interested providers. It is duty bound also to take account of the Localism Act and Social Value Act to ensure that procurement exercises recognise the contribution and therefore added value that their business brings to the local economy and community.

- 7.5.2 The total value of contracts over the intended contracting period of **£14.8** dictates that the procurement of Housing Related Support will be undertaken as an EU Open tender process.
- 7.5.3 The preferred procurement option is to establish a framework of providers and call of specific service requirements.
- 7.5.4 Agree to delegate contract award authorisation to Corporate Director of Public Health and Adults, in consultation with the portfolio holder and Town Clerk.

8. Risk assessment

8.1	Risk	Impact	Mitigation
	Do nothing - Contracts expire in November 2018.	Breach of procurement rules. Continuing with commissioning and procuring HRS in the same way is not viable as the framework agreement ends on October 31 st and has already had to be extended, so doing nothing is not an option.	Recommission services as recommended by 30 October.
	Budget overspend on HRS, if upper price limits are not put in place.	No control over service price when services retendered	Implementing a series of maximum acceptable ceiling for HRS weekly costs
	Budget overspend on other ASC services if insufficient HRS provision in place for certain groups.	Increase in demand on supported living and on more expensive ASC funded service	Commissioning priorities identified with key stakeholders as part of overall consultation
	Existing providers leave the market.	Contracts may not be let, leaving vulnerable people without service provision.	Continue to work closely with sector and address major concerns

		<p>before going to tender. Market engagement to attract new providers into the city.</p>
<p>Potential change in commissioning and reprocurement following implementation of LHA changes in 2020/21.</p>	<p>Possible loss of income to providers and additional administrative burden on council.</p> <p>Need to conduct strategic needs assessment.</p>	<p>Contracts to be offered for an initial period of 2 years, with the option to renew for a further 2 years, by which time there a be a full understanding of the LHA implications.</p> <p>There has already been a detailed strategic analysis of current and future need for HRS</p>
<p>Risk of gap in services for certain protected groups</p>	<p>Some client group specific services may not be recommissioned.</p>	<p>Full EIA</p> <p>Work with partners to ensure there are no key service gaps for protected groups as a result of this exercise.</p>
<p>TUPE arrangements not in place by November 2018.</p>	<p>Insufficient time allowed for mobilisation of services</p>	<p>Ensure that minimum of 2-3 months' mobilisation is allowed.</p> <p>Council to Provide generic advice to support the process.</p>

9. Consultation

9.1 Appendix 1 contains details of all consultation undertaken to date.

9.2 Consultation with the market and people who are accessing HRS has been both constant and consistent throughout the review. Engagement events have been well attended and provided the opportunity for stakeholders, in particular providers and people accessing these services to voice their experience. The level of engagement and consultation through this process has effectively allowed coproduced design concepts for these services and will directly influence the service specification.

9.3 The following overarching messages have emerged from consultation and engagement to date: (Full details at Appendix 1).

- Demand by far outstrips supply for nearly all HRS funded services.
- The landscape has changed since HRS services were last commissioned in 2010. Needs levels have increased and the proposed LHA cap brings new challenges.
- There are common issues being experienced across the wider system around people with chaotic lifestyles.
- There is an agreed need for a joint funded 'service pathway to provide targeted multi-agency action and support for clients with high needs who are accessing multiple services, estimated to be around 30 -50 in number, who are "Everybody's but Nobody's". Many of these individuals, who can be described as Marginalised and Vulnerable Adults (MVA) will also require some degree of support and most are not suitable for low-level HRS funded services. A coordinated approach is needed, to meet the needs of this group.
- There is a need for improved joint working between HRS providers and mental health, to ensure that acute needs are addressed as quickly as possible.
- There is an appetite to improve current service pathways and ensure that there are a range of routes through and out of services, appropriate to differing needs. This includes the need for formalised move on support for people once they are re-settled.
- There is a willingness to consider the development of a central hub or Gateway for referrals. However, some providers are worried about losing control over their ability to maintain a balance within accommodation based services if referrals are dealt with elsewhere.
- Most of the people using existing HRS services have multiple and complex needs. Services need to be less client group specific, and offer more flexible support, centred on individual needs. The types of support offered need to be more diverse, and if necessary joint funded, to meet the holistic needs of the individual.
- There is a need to improve housing and housing support options for

socially excluded people with complex needs, including those who have been refused access to services due to rent arrears or a history of anti-social behaviour.

- There is a need for preventative floating support services.
- There are no services for people with mental health issues who are homeless or potentially homeless.
- There is currently no generic resettlement support available for adults moving on from HRS accommodation-based services, other than one service-specific resettlement service. Some providers deliver resettlement support for a period of time after people have moved on, but there is not a consistent approach to resettlement.
- Young people specifically highlighted the following issues:
 - Young people under the age of 21 should not be allocated hostel provision, this type of environment and accommodation does not empower people to become independent, but makes them feel isolated and more vulnerable
 - Smaller units of no more than 15 should be commissioned with 24/7 staff cover
 - The process for accessing support services should be streamlined and less onerous making access easier with the right type of support service being offered first time to the YP
 - Many YP felt that once they had left accommodation based housing support services there was little floating support available to help them successfully maintain their tenancy
 - More step-down provision with self-contained flats and low level visiting support should be made available
 - Consider the development of taster flats for YP

10. Comments of the Town Clerk (Monitoring Officer)

10.1 The Council are subject to a general duty to make arrangements to secure continuous improvements in the way functions are exercised, having regard to a combination of economy, efficiency and effectiveness. Under the Public Services (Social Value) Act 2012 the wider parameters of that duty in terms of Social Value are made explicit requiring the Council to consider:

- How what is procured may improve the economic, social and environmental well-being of the area
- How in conducting the process of procurement the Council might act with a view to securing that improvement

The formulation of the required services has been developed through consultation with the market to inform the proposed arrangements in accordance with this duty with a significant focus upon quality of delivery. The focus on quality and the division of the tender into lots with a requirement for social value is consistent with those criteria.

11. Comments of the Section 151 Officer

- 11.1 The Section 151 Officer supports the recommendations. The proposals provide for a more robust system of commissioning and managing vital services within the existing budget envelope. The expectation that providers delivering 30 or more units of accommodation will be Registered Social Landlords is welcome both in terms of ensuring service quality and the potential reduction in costs to the Council. The impact on the MTFP will be assessed on completion of the commissioning exercise and in the light of any proposed changes to the system for funding supported housing rents from 2020.

12. Comments of HR City Manager and compliance with the Equality Duty

- 12.1 There are no staffing issues for the Council as this is a commissioned service. In terms of equality the proposals should lead to some of those with a protected characteristic benefiting from an improved service.

13. Comments of Overview and Scrutiny

- 13.1 The Health and Wellbeing Overview and Scrutiny Commission commented that the Housing Related Support (HRS) proposals, including the move to a more flexible service model that would see an increase in floating support and decrease in hostel beds, with a view to supporting independent living and improving outcomes for service users, and any support is offered on the understanding:

- The new Housing Related Support Gateway (single point of access) will be accessible 24/7 and will not limit service user choice.
- The floating support will be adequately resourced and meet the shift in demand (as the number of hostel beds is reduced).
- Measures will be put in place to protect service users during any transitional phase following the award of contracts.

Further comments or recommendations agreed by the Commissions will be submitted to Cabinet and Committees in Common for consideration alongside the report. (Sc4934).

14. Comments of the Portfolio Holder

- 14.1 Councillor Lunn will review following Health and Social Well-Being Overview and Scrutiny Commission.

Alison Barker, City Manager ASC & Neil Daynes, Procurement Manager

Contact Officer: Alison Barker/ Neil Daynes Telephone No.: 616312/615073

Officer Interests: None

Background Documents:

Appendix 1 – Consultation and Engagement chronology

Appendix 2 – EXEMPT Recommissioning summary

Appendix 3 – Procurement route

Appendix 4 – Equality Impact Assessment

Implications Matrix

This section must be completed and you must ensure that you have fully considered all potential implications

This matrix provides a simple check list for the things you need to have considered within your report

If there are no implications please state

I have informed and sought advice from HR, Legal, Finance, Overview and Scrutiny and the Climate Change Advisor and any other key stakeholders i.e. Portfolio Holder, relevant Ward Members etc. prior to submitting this report for official comments	Yes
I have considered whether this report requests a decision that is outside the Budget and Policy Framework approved by Council	Yes
Value for money considerations have been accounted for within the report	Yes
The report is approved by the relevant City Manager	Yes
I have included any procurement/commercial issues/implications within the report	Yes
I have considered the potential media interest in this report and liaised with the Media Team to ensure that they are briefed to respond to media interest.	Yes
I have included any equalities and diversity implications within the report and where necessary I have completed an Equalities Impact Assessment and the outcomes are included within the report	Yes
Any Health and Safety implications are included within the report	Yes
Any human rights implications are included within the report	Yes
I have included any community safety implications and paid regard to Section 17 of the Crime and Disorder Act within the report	No
I have liaised with the Climate Change Advisor and any environmental and climate change issues/sustainability implications are	No

included within the report	
I have included information about how this report contributes to the City Plan/ Area priorities within the report	Yes