

**EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE****19 December 2012**

<b>Title of paper:</b>	<b>Key Decision - Independent Living Support Services (ILSS)</b>	
<b>Director(s)/ Corporate Director(s):</b>	Candida Brudenell – Director of Quality and Commissioning Ian Curryer – Corporate Director for Children and Families	<b>Wards affected:</b> All
<b>Portfolio Holder(s):</b>	Councillor Collins and Liversidge	<b>Date of consultation with Portfolio Holder(s):</b> 23 <sup>rd</sup> November 2012
<b>Report author and contact details:</b>	Simon Down – Lead Commissioning Manager Tel: 0115 8763492 <a href="mailto:simon.down@nottinghamcity.gov.uk">simon.down@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>	Tony Maione – Solicitor John Bernard-Carlin – Team Leader – Legal Services Bridget Donoghue – HR Business Partner Geoff Walker – Head of Departmental Finance Darren Revill – Finance Analyst	
<b>Key Decision:</b> Yes		
<b>Reasons for Key Decision:</b>		
Revenue expenditure of £1,000,000 or more taking account of the overall impact of the decision		✓
Revenue income of £1,000,000 or more taking account of the overall impact of the decision		
Savings of £1,000,000 or more taking account of the overall impact of the decision		
Capital expenditure of £1,000,000 or more taking account of the overall impact of the decision		
Capital income of £1,000,000 or more taking account of the overall impact of the decision		
To be significant in terms of its effects on communities living or working in an area consisting two or more wards in the City		
<b>Relevant Council Plan Strategic Priority:</b>		
World Class Nottingham		
Work in Nottingham		✓
Safer Nottingham		✓
Neighbourhood Nottingham		✓
Family Nottingham		✓
Healthy Nottingham		✓
Leading Nottingham		
<b>Summary of issues (including benefits to citizens/service users):</b>		
This report recommends to committee commissioning and procurement proposals in relation to Independent Living Support Services (ILSS – formerly known as floating support). These proposals have been developed through a number of separate reviews and extensive consultation and are aimed at delivering simplified pathways and improved outcomes for citizens and improved value for money.		

Appendix 1a to this report is exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because it contains information relating to financial values of existing contracts and, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because it is held in commercial confidence.

**Recommendation(s):**

1	Committee approves that client group specific Independent Living Support Services and a single cross client group Crisis Response/Drop In service are called off the ILSS framework (as detailed in appendix 1 and exempt appendix 1a) at a total value of no more than £3.718M and, that Committee agrees to give the director of Q&C delegated authority to award these contracts.
2	Committee approves that £0.084M be transferred from existing ILSS (Floating Support) provision into internal services to deliver certain individual elements of the ILSS framework in an innovative and complementary manner (as detailed in appendix 2).
3	Committee approves that dispensation from contract procedure rules in accordance with financial regulations be given for the services listed in appendix1 (and exempt appendix 1a) to be extended for a limited period prior to being tendered.

**1 BACKGROUND**

- 1.1 Since the inception of the Supporting People (SP) programme in 2003, non-accommodation based support services within the programme have been known as floating support. In addition to this there have also been a number of very similar services that been funded through alternative funding streams and have been known as either advice, outreach services or one stop shops.
- 1.2 In 2003 there were a large number (42) of disparate floating support services funded in the City. An extensive remodelling exercise was undertaken and in 2008/09 a new model of provision was procured with one service for each client group.
- 1.3 In 2011/12 significant reductions were seen across floating support services as part of wider reductions to the SP budget. This amounted to a 58% (once additional funding had been added from NHS transferred funding) reduction in floating support funding. This reduction was achieved through both cutting contract amounts and also through decommissioning a number of specific services and expecting more generic services (either from a singles/couples or family perspective) to support these citizens as appropriate.
- 1.4 In 2011/12 the SP grant conditions were removed and, at the same time, the Supporting People team became part of a wider Children and Families commissioning team (Quality and Commissioning). Since this time, holistic whole system reviews have been instituted. As a result it has become increasingly clear that a new approach to floating support is required that has improved strategic fit within wider systems of support.
- 1.5 Given the commonalties between floating support services, all floating support services are being considered together and a new framework is being set up to enable procurement of these services. In light of the confusion caused by the term floating support, the framework has been called the "Independent Living Support Services (ILSS)" framework which has advantage of broadening the definition of the support able to be provided by breaking with the old SP definitions of such support.

- 1.6 In June 2012 Committee approved procurement to a floating support (subsequently called ILSS) framework (this included approval to award). Awards to this framework are very likely to have just been made by the time this report is tabled at Committee. As it stands at the time of writing, 50 providers have made it through the Pre Qualification Questionnaire (PQQ) stage of procurement and are imminently due to submit their tenders.
- 1.7 Existing floating support/ILSS services have been achieving positive outcomes with a success rate for those with the relevant needs of over 80% for the following outcomes; Sustaining their accommodation, Maximising their income, Reducing debt, Complying with statutory orders, Making contact with external groups /services and friends/family, Better managing mental and physical health. In addition to this, around a third of people with the need have been enabled to gain paid employment and two thirds with the need have accessed training and education.
- 1.8 As demonstrated in 1.7 above, the ILSS services represent a key part of the city's early intervention and prevention offer. Continued investment in these non-statutory services is required to ensure against significantly increased spend on statutory services in future years.

## **2 REASONS FOR RECOMMENDATIONS (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1.1 It is evidenced that floating support provision delivers positive outcomes for Nottingham's citizens. The evolution into ILSS services will continue this positive legacy. The changes being made and particularly the imperative for innovation within the ILSS model (through provision of outcome based specifications that are being developed for each call off) should realise improved outcomes for Nottingham's citizens.
- 2.1.2 Extensive consultation has been carried out with stakeholders, providers, citizens and service users throughout the various whole system strategic commissioning reviews and through specific consultation around what ILSS services should generally be like. The key messages from this engagement which are reflected in the new specifications are as follows:
- The terms Housing Related Support and Floating Support need to be redefined as they are associated with a particular grant regime which no longer exists
  - FS is working so don't radically change it but do allow for innovation as the current prescribed model is restrictive
  - More drop in is required for both emergency situations and ongoing low level support
  - Artificial cut offs that force services to disengage with clients after a certain length of time have some use in driving up efficiency but do cause problems where the citizen clearly requires a longer period of support
  - There is a need to ensure strategic fit within wider pathways of support
- 2.1.3 Levels of award for each call off from the ILSS framework have been arrived at through consideration of; Existing funding levels, Efficiencies being realised through new models of support, Current and expected future levels of need in Nottingham City, Stakeholder and service user feedback, How services interact with wider provision. These levels have been considered and approved by a group of senior key stakeholders from across the city council, the Crime and Drugs Partnership and health.
- 2.1.4 The Crisis Response/Drop In service that will sit across all client groups will ensure that provision at the point of need is available without loading this obvious additional cost onto all ILSS services. This service will work closely with the other ILSS services, the detail of

which will be contained within every ILSS framework specification. This service will allow other ILSS services to disengage earlier than would otherwise be the case and will ultimately allow greater capacity across ILSS services

2.1.5 The proposed new provision represents a simplification of current provision within which there is a certain amount of overlap and duplication with, at times, unclear pathways of support. Through this simplification and through allowing greater innovation within services, greater efficiency and value for money will be achieved and allow a modest saving to be made.

2.2.1 The strategic commissioning reviews have shown that some internal services are better placed than external services would be to deliver certain parts of the ILSS specification.

2.2.2 Housing Aid already has a successful private rented access scheme and this proposal allows this to be further expanded and links in well with a number of wider initiatives such as landlord accreditation.

2.2.3 The Meals at Home service is geared towards making a large number of very short visits to people across the city. It is very well placed therefore to deliver short visits for the purpose of low level support at a price point unlikely to be achieved by a more general ILSS service. This should enable the wider older people ILSS service to disengage with clients much earlier which will significantly improve their throughput.

2.3.1 Extension of existing contracts is required to allow call offs from the ILSS framework to be staggered. This will ensure sufficient capacity is available within the procurement team and allow sufficient time for potentially complex TUPE issues to be resolved. New ILSS contracts will commence immediately after the cessation of the current services.

### **3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

3.1 Decommissioning of these services without re-commissioning was not considered to be a viable option as it would have a significant negative impact on citizens. It would also be expected that with the removal of these early intervention and preventative services there would be an increased demand for more intensive provision which would ultimately come at a greater cost to NCC and its partners.

3.2 Further ongoing extension of existing contracts was not considered a viable option as it was felt that this was not legally compliant and did not realise the significant benefits outlined above.

### **4 FINANCIAL OBSERVATIONS (INCLUDING VALUE FOR MONEY)**

4.1 The recommendations are based upon the funding levels for 2012/13 as shown in Table 1 below:

<b>Funding Stream</b>	<b>£m</b>
Core Funding	4.338
NHS - Transfer Funding	0.204
EIG	0.032
<b>TOTAL</b>	<b>4.574</b>

- 4.2 The commissioning reviews are required to deliver savings in support of existing savings commitments as outlined in Appendix A. There is further pressure on the EIG as Government has announced a reduction (estimated to be 15%) in funding in 2013/14. Further reductions will be made to funding in future years. It has been confirmed that the NHS transferred funding will continue for at least a further 2 years at an increased level.
- 4.3 There are a number of projects that the service have determined require an extension of the existing contracts to enable a proper transition of services. As such the report seeks extensions to the maximum period that is envisaged, but the service have a reasonable expectation that most new contracts will be in place before the maximum period is reached. The maximum cost of the extensions is estimated to be £1.382m; the anticipated cost is £0.284m.
- 4.4 The cost of the new contract provisions in 2013/14 is estimated to cost £2.768m (based on existing contracts being extended for the maximum period); the anticipated cost is £3.697m (Excluding the Domestic Violence and Refugee services which are currently funded to the value of £278k and £194k respectively)
- 4.5 The range of costs in 2013/14 including the additional ILSS services delivered internally is therefore between £4.274m and £4.348m. Savings will therefore be between £300k and £226k. There is a requirement to deliver £250k towards the Adults Social Care Big Ticket savings.
- 4.6 The dispensation from Financial Regulations and Contract Procedure Rules in respect of the contract extensions included in Appendix A is supported. It is the Service Manager's view that value for money on the extended contracts has been achieved through the original competitive tendering process and subsequent value for money reductions. The extension of these contracts at 2012/13 rates (with no inflationary uplift) will allow time for the competitive tendering of the ILSS contracts which will continue to ensure value for money going forward.

## **5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

- 5.1 TUPE is highly likely to apply and be sought across the ILSS provision. Whilst this is something that can be managed, including through early collection of current employee information, it has the potential to delay transfer to the new services. In addition, transfer into the council may be sought in relation to recommendation 2.
- 5.2 The savings are predicated on the expectation that the new model of support will bring greater efficiencies. Whilst we have carried out significant consultation and believe that these changes will realise improved efficiency, absolute certainty of this is not achievable.
- 5.3 In light of the continued austerity measures and the expected population rises across some of the client groups, it is reasonable to expect that there will be increased demand for these services. Whilst the improved efficiencies should allow for the modest saving and create some additional capacity, this will become increasingly under pressure over the duration of the contracts.

### **Legal Observations:**

- 5.4 The recommendations in this report raise three main legal issues. The first of these is the need to ensure that the procurement process already in train is completed such that both the terms and conditions upon which (a) providers are appointed to the framework and (b) work packages are called-off from providers under the framework protect the interests of

service users and the Council to the greatest extent reasonably possible. Legal services will continue to support that process.

- 5.5 The second issue is the need to ensure that sufficiently robust internal service level agreements (SLA) are developed between the Council as provider and the Council as commissioner for the services proposed to be brought in house. Whilst the SLA are not contractually binding, they are considered a helpful tool in ensuring that quality is maintained and that the interests of service users remains paramount.
- 5.6 The recommendation for dispensation from the Council's Contract Procedure Rules is supported by legal services. The main reason for this is that the procurement process is already in place and through PQQ stage and well into Invitation to Tender stage. Whilst it is not ideal in terms of strict compliance that these contracts be extended as recommended, the risks arising from that course of action are far outweighed by the risks of undue haste in completing the ILSS framework procurement. On balance the recommendation is supportable as it is considered to be in the best interests of both service users and the Council.
- 5.7 If agreed, the extension of the proposed contracts should be captured contractually through an exchange of correspondence varying contract and acceptance of that variation from the provider. It is assumed that no other terms, including pricing, either at all or in any way detrimental to the interests of service users or the Council. Legal services will assist with this process.
- 5.8 The greatest risk in this process is considered to be the risk to the careful completion of the ILSS framework procurement that will be required if the recommendations are not accepted. One of the reasons for the recommendations is to mitigate that risk.
- 5.9 There are not considered to be any quantifiable Crime and Disorder Act implications although to the extent there are any, they are considered to be positive.

#### Employment

- 5.10 For each call-off from the ILSS framework, a detailed analysis should be carried out to establish whether any employees of existing service providers will transfer to new service providers under the Transfer of Undertakings (Protection of Employment) Regulations 2006 ('TUPE'). In carrying out this analysis consideration should be given to:
- the level of similarity regarding the activities carried out by the outgoing provider on the Council's behalf compared with activities to be carried out by the incoming provider; and
  - whether there is an organised grouping of employees of the outgoing provider which has as its principle purposes the carrying out of those activities on behalf of the Council.
- 5.11 With regard to each transfer of funds from existing ILSS (Floating Support) provision into internal services to deliver certain individual elements of the ILSS framework, a similar analysis should be carried out regarding the potential impact of TUPE as referred to at paragraph 5.4 above.

#### **HR Observations:**

- 5.12 It is understood that the recommendation to transfer existing ILSS provision into internal services (Recommendation 2) may have TUPE implications. Legal support and advice is being sought regarding this issue and workforce intelligence is to be gathered from existing providers so that a full analysis can be undertaken. If it is deemed that a Service Provision TUPE does apply, appropriate staff consultation will need to take place which can take

several months. HR will offer support to the importing management team at the required time.

## **6 EQUALITY IMPACT ASSESSMENT (EIA)**

6.1 EIAs by client group have only been carried out where savings are being proposed in comparison with existing spend on individual client group areas. These are contained within appendix 3.

6.2 Whilst it is expected that all ILSS services will undergo some change, because we are both effecting change through evolution rather than revolution and seeking to leave the specification as open as possible so as to foster innovation, until we award the contracts we will not know what the pertinent changes are. Indeed, existing services (as they are) would fit within the new ILSS framework specification. For this reason, no further EIAs are being undertaken at this time. (other than those contained in appendix 3).

## **7 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

7.1 None

## **8 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

8.1 EBCSc 20<sup>th</sup> June 2012 Report "Procurement of Floating Support services"





## Appendix 1 ILSS EBCSC DEC 12

**Table 1.** Current ILSS type services within Nottingham

Service	Funding streams	Provision to extend current provision required up until	Intended end date without any problems	Reason for extension
Key Support (SE)	Core (HRS)/Grant (NHS-TF)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	Whilst it is intended that these services ceases on the 31 <sup>st</sup> March 2013, procurement timescales are very tight and, with TUPE being likely to apply, it is prudent to allow officers to extend these contracts as required for up to 3 additional months prior to the new services commencing.
Sixty Plus (OP)	Core (HRS)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
OP Signposting Service	Core (HRS)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
Getting Through (MH)	Core (HRS)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
Include (LD)	Core (HRS)/Grant (NHS-TF)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
Foothold (Families)	Core (HRS)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
PSI - Deaf service	Core (HRS)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
PSI - Physical	Core (HRS)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
PSI - Visual	Core (HRS)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
HIV	Core (HRS)/Grant (NHS-TF)	30 <sup>th</sup> June 2013	31 <sup>st</sup> March 2013	
Base 51 (YP)	Core (VSIP)	30 <sup>th</sup> September 2013	30 <sup>th</sup> June 2013	
Forensic Mental Health	Core (HRS)	30 <sup>th</sup> September 2013	30 <sup>th</sup> June 2013	
Shine (DV)	Core (HRS)	30 <sup>th</sup> September 2013	30 <sup>th</sup> June 2013	
Sanctuary plus (DV)	Core (HRS)	30 <sup>th</sup> September 2013	30 <sup>th</sup> June 2013	
WAIS Outreach	Core (VSIP)	30 <sup>th</sup> September 2013	30 <sup>th</sup> June 2013	This extension will allow the Communities of Interest (COI) review to take place which will have a significant impact on how refugee ILSS provision is shaped. All COI contracts are being extended for a year and so this extension brings everything into line.
Refugee Futures	Core (HRS)	31 <sup>st</sup> March 2014	31 <sup>st</sup> March 2014	
NNRF one stop shop	Core (COI)	31 <sup>st</sup> March 2014 <sup>*</sup>	31 <sup>st</sup> March 2014	
Creative Links	Grant (EIG)	31 <sup>st</sup> March 2014 <sup>**</sup>	31 <sup>st</sup> March 2014	

\* This extension has already been granted by EBCSC on 21<sup>st</sup> November 2012.

\*\* This is subject to a further decision more generally regarding the EIG which is facing a 13/14 overall reduction of 15%

**Table 2.** Intended initial call offs from the ILSS framework

<b>Name of intended call off</b>	<b>Client groups served by service (as per PQQ titles)</b>
Generic ILSS	Homeless People, People with a drug misuse/alcohol problem, Offenders
Older People ILSS	Older People
Mental Health	Mental Health Problem
Learning Disability	Learning Disability, Autism or on the Autistic spectrum
Homeless Families ILSS	Families at risk of homelessness, Teenage Parents
Physical disability (inc HIV)	Physical or sensory impairment, HIV
Crisis Response/Drop In service	All client groups
Forensic Mental Health	Forensic Mental Health
Young People	Homeless People
Refugees	Refugees and Asylum Seekers
DV	Victims of domestic violence

**Table 3.** Additional ILSS services delivered internally

<b>Name of additional service</b>	<b>Internal or external service</b>	<b>Client groups served</b>
PRS funding for Housing Aid	Internal	All
Meals at Home - Flying Support	Internal	Older People

**Table 4.** Savings identified (from existing spend on these client groups)

<b>Client Group</b>	<b>Identified savings per annum from core budget (£M)</b>	<b>13/14 saving if intended end dates of old contracts are met (£M)</b>	<b>13/14 saving if full extension of old contracts required (£M)</b>
Older People	0.015	0.015	0.011
Getting Through (MH) ***	0.250	0.250	0.188
Include (LD)	0.022	0.022	0.017
PSI (inc. HIV)	0.014	0.014	0.011
<b>Totals</b>	<b>0.300</b>	<b>0.300</b>	<b>0.226</b>

\*\*\*This saving (250K) has already been accounted for within the Adult Social Care Big Ticket programme.

**APPENDIX 1A IS EXEMPT FROM PUBLICATION**

**Requested extensions and financial details**

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### **Enlarged and Enhanced Private Rented Scheme at Housing Aid**

This service has been generated collaboratively from the move on workstream of the social exclusion review. At present there are a number of private rented schemes operating from Housing Aid with good success in assisting citizens to source and/ or access accommodation in the Private Rented Sector. However, the differences between the versions of the schemes are unclear and they exist with pre-prescribed acceptance criteria which struggle to allow for a flexible approach. As a result, the schemes are viewed by external organisations and service users as over complicated and sometimes inaccessible.

The £59k will provide full funding for an additional staff member plus bonds and incentives. In addition, Housing Aid will combine, reorganise and expand the delivery of these existing services in the following ways:

- Merge together existing schemes to leave one clear access pathway to Private Rented accommodation (promoted effectively and thoroughly to stakeholders)
- Replace the set eligibility criteria with a scale/ range of tailor made approaches and processes according to individual assessments. This will be achieved through applying a range of incentives and conditions to the tenancy/ landlord/ tenant
- Development of a process to assist and support the tenant to save their own bond over the duration of the tenancy (e.g. through links with credit unions). This will enable them to remain in the property once the Bond Guarantee period has expired or alternatively, to have funds for the bond in a new tenancy should that time arise
- Expansion of the landlord market involved with the scheme (including linkage with forthcoming landlord accreditation scheme – *The Nottingham Standard*, providing a range of incentives and landlord advice)
- Working with existing services such as the NCH *Accommodation Pathfinder Programme* in enabling citizens on the HomeLink waiting list access to further housing options advice (e.g. including the facilitation of tenants affected by the bedroom tax and seeking a lodger, matching themselves with single people)
- Provision of a service (similar to Framework's *Smartmove*) to facilitate single people, particularly those aged under 35, forming and joining shared houses of a decent standard
- Incorporate the use of peer support/ befriending/ key support services where appropriate

This will all assist in delivering the housing contribution to the Nottingham Plan as well as achieving cross cutting aims such as fairness and ambition for the city and the citizens. As an early intervention and homelessness prevention service it delivers on the themes within the specialist housing chapter of the Housing Nottingham Plan, the Homelessness Strategy and the Vulnerable Adults Plan. It will also assist with facilitating the discharge of homelessness duty into the Private Rented Sector under powers granted by the Localism Act, help reduce statutory homeless acceptances and ease demand upon social housing waiting lists.

Analysis and consultation regarding move on options for socially excluded citizens has shown that the current service delivery does not have the capacity to meet demand. Numbers of citizens approaching Housing Aid for assistance as homeless or threatened with homelessness have rapidly increased over the past one to two years but the increase in the number of people assisted through the Private Rented Schemes is not reflective of this scale.

There are upcoming and ongoing pressures which will further increase demand upon the service from people struggling to maintain or find accommodation. For example, changes and benefit reductions due to be applied through Welfare Reform (such as the introduction of under-occupancy charges, household benefit caps, increase in non-dependent deductions, council tax benefit reductions, issues resulting from Universal Credit direct payments and the impact of the increase of the shared room rate age limit) teamed with the ongoing planned demolition programme of NCH one bedroom stock and further shortages in social housing. It is predicted that these factors will contribute to an increased demand for housing within the Private Rented Sector as many citizens find it the only realistic housing option available to them.

Without Private Rented Sector assistance schemes, socially excluded citizens have difficulties in obtaining a bond required for a deposit or rent in advance, identifying suitable and *decent* accommodation and negotiating tenancy details with landlords. Landlords can be reluctant to let their property to a homeless person on benefits without some sort of intermediary service offering assurances and incentives. Therefore, accessing the Private Rented Sector can be a challenging, frustrating and intimidating process for many.

### **Flying Support service**

Analysis from the older persons strategic review showed that existing floating support services struggle to disengage with some clients who have low level support needs. In addition to this, the value of frequent low level support visits was ratified as being an effective early intervention as part of the sheltered housing review and so it naturally follows that we should seek to effect something similar for those not residing in sheltered housing.

The Meals at Home service is well placed to deliver this low level support to older citizens living within non-specialist housing as they already provide a service that hinges around short visits to older people throughout the city. The service could deliver 15-30 minutes of low level support regardless of whether or not they were in receipt of a Meals at Home food. Support would include:

- Letter reading
- Arranging appointments
- Making phone calls on their behalf
- Providing reassurance
- Identifying emerging risks to independence and taking brief action and/or making referrals to the older people ILSS or other appropriate services

It is expected that this support will be specifically targeted at those moving on from the older persons (and potentially other) ILSS services who require longer term low level support. This will allow the older persons ILSS provision (which will be mainly focussed on giving more intensive and specialist support) to disengage with the citizen much earlier than is currently the case and ensure low level support is provided to the citizen in a cost effective way. This may have the added benefit of driving business to the general Meals at Home service which would be likely to improve an older persons physical health as well.

It is also expected that this can be marketed as a sold service for those not coming through the older persons ILSS. The pilot funding will put the Meals at Home service in place to properly market and sell this service to those able to pay for it themselves.

The precise details of the pilot are still to be worked up and this will be done through close liaison between Strategic Commissioning and the Meals at Home service.

**Name and brief description of proposal / policy / service being assessed**

Older Persons Independent Living Support Services (ILSS) reduction

As part of the remodelling of ILSS (formerly known as floating support services) a £15k (1.75%) pa efficiency saving is being sought from older persons ILSS. This saving will be realised through the re-commissioning of these services and this will be realising significant efficiencies which will allow this reduction to take place without detriment to older people.

The efficiency will be realised through:

- Bringing the signposting and main ILSS work together (there has been some overlaps between the two existing services)
- Diverting some of the funding towards a generic drop in/crisis service that will enable people’s crisis needs to be met in a timely manner which will prevent further, unnecessary escalation and the need for more intensive provision
- Diverting some of the funding towards a Flying Support service delivered through Meals at Home which will be able to provide low level support in a more efficient manner than the main ILSS service due to the nature of the core Meals at Home service.

**Information used to analyse the effects on equality**

Information from the Older persons strategic review was used to inform this EIA.

	<b>Could particularly benefit (X)</b>	<b>May adversely impact (X)</b>	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups			Whilst a saving is being made, the significant changes outlined above will allow efficiency savings to be made that should easily outstrip the very modest saving that is being made.	
Men, women (including maternity/pregnancy impact), transgender people				
Disabled people or carers				
People from different faith groups				
Lesbian, gay or bisexual people				
Older or younger people	X			
Other: Imminent Rough Sleepers/homeless people				

**Outcome(s) of equality impact assessment:**

No major change needed X    Adjust the policy/proposal    Adverse impact but continue    Stop and remove the policy/proposal

**Arrangements for future monitoring of equality impact of this proposal / policy / service:**

The services that money is being transferred to will be monitored for positive outcomes and these will be able to be detailed against the equality strands identified above. Should positive outcomes not be delivered then this decision will be reconsidered within the next review of older people’s services.

Approved by (manager signature): Antony Dixon

Date sent to equality team for publishing: Send document or link to [equalityanddiversityteam@nottinghamcity.gov.uk](mailto:equalityanddiversityteam@nottinghamcity.gov.uk)



## **Name and brief description of proposal / policy / service being assessed**

### Mental Health Independent Living Support Services (ILSS) reduction

As part of the remodelling of ILSS (formerly known as floating support services) a saving of £250k (34.1%) pa saving to current expenditure on floating support for citizens with (non-forensic) mental health support needs is proposed as an efficiency saving (accounted for within the Adult Social Care Big Ticket programme). In addition there is a £66k per annum transfer/re-investment into the generic ILSS crisis response/drop in service

The saving is to be realised through the re-commissioning of ILSS for citizens with (non-forensic) mental health support needs.

The proposed saving and transfer of funding is aligned to plans for remodelling the mental health accommodation pathway following a review of the efficacy of current provision and use of resources and co-productive planning by NCC and key stakeholders. The *accommodation pathway* refers to the response of the Council and its partners to assist citizens who have difficulty maintaining independent living arrangements due to problems associated with their mental health to:

- live as independently as possible;
- access accommodation and support appropriate to their needs and to support their independence; and
- have choice and control over the accommodation and support they receive.

The review identified that while the current floating support service for citizens with mental health needs is effective in supporting people to access or maintain independent living arrangements, there is a lack of focus around the criteria for entry into the service and those people the service is intended to support. Evidence collected for the review suggests only approximately 1/3 of referrals into the existing service are made through statutory mental health teams, and that only approximately 45% of current users are clients of statutory mental health services.

The proposal to reduce expenditure on the provision of ILSS for citizens with mental health support needs reflects the intention to provide greater focus on the delivery of support to citizens with an enduring mental health need through this service. The further intention is that this should provide an improved fit with the pathway, facilitating the resettlement of citizens from mental health specific supported accommodation and prioritising the sustainment of independent living for individuals with enduring mental health needs within the community. Greater links with statutory mental health teams are to be built as a complement to this, with mental health teams to act as the primary agent for the majority of referrals in order to prioritise access for those citizens with an enduring mental health need.

A transfer of 66k from current spend on the delivery of the existing floating support service for citizens with mental health supported needs is proposed in order to bolster the capacity of the generic ILSS crisis response/drop in service. This service is to be delivered to meet the needs of those citizens with more generalised difficulties in maintaining independent living, including those with lower level / temporary mental health

difficulties or distress and is support that will be accessible swiftly at the point of need.

**Information used to analyse the effects on equality**

Information from the Mental Health Accommodation Pathway Review has been used to inform this EIA.

	Could particularly benefit (X)	May adversely impact (X)	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups		X	The proposal outlined is part of an overall response for making the best use of resources available to support citizens with mental health difficulties to access appropriate living arrangements and support and to maximise their independence, as described within the overarching proposals for improvements to the mental health accommodation pathway.	A competitive tender process has been conducted that seeks to balance quality of service and value for money. This will seek to maximise the capacity of the service and sustainable outcomes that are delivered. The new ILSS framework specification has clear requirements around equality and diversity and has a specific element of provision requiring providers to identify and engage with vulnerable people unlikely to otherwise access support. This will ensure that the generic ILSS service is required to seek to identify and engage those BME citizens with mental health problems.
Men, women (including maternity/pregnancy impact), transgender people				
Disabled people or carers	X	X		
People from different faith groups				
Lesbian, gay or bisexual people				
Older or younger people			The reduction in the resource carried forward to commission the Mental Health (MH) ILSS service is expected to reduce the capacity of the service and therefore the number of citizens that can be supported. The percentage reduction in the investment in the MH ILSS is proportionate to the number of users of the existing MH floating support service who have no interaction with statutory mental health teams. The intended outcome from the proposal to create a more active role for statutory mental health teams in determining access to the MH ILSS is for those people with significant and enduring mental health needs to be prioritised for access to support.	The new model for the MH ILSS intends greater use of peer support (facilitated / hosted by the support provider) as integral to the design and delivery of the service. It is expected that this will help to improve the sustainment of independent living with less direct / one-to-one call on service staff.
Other: Imminent Rough Sleepers/homeless people		X		
			Citizens with lower level / temporary mental health difficulties or distress are to be referred to the generic ILSS service for more generalised support to regain or sustain their independence.	A transfer of £66k pa is to be made to increase the capacity of the generic ILSS crisis response/drop in service. The design of this service will also require service providers to assist citizens to manage lower level or temporary mental health difficulties, with the acknowledgement that many individuals who have difficulty maintaining their independence are likely to benefit from this support.
			Information collected for the recent review of the mental health accommodation pathway suggests that there may be a number of citizens who experience enduring mental health difficulties who choose not to engage with statutory mental health teams for support. Feedback from providers of existing services suggests that this may be particularly true of people from ethnic minorities; consequentially, it is possible that by affording mental health teams the primary	The provision of a crisis response/drop in

			<p>responsibility for determining access to the MH ILSS, this may inadvertently impede access for these individuals.</p>	<p>service is expected to enable earlier interventions meaning less support in total is required and is also expected to enable wider ILSS services to cease supporting clients earlier than would otherwise be the case. This should allow greater capacity within both the menetal health ILSS service and the generic ILSS service which will cater for those with lower level mental health problems.</p> <p>Access routes and referral arrangements for entry into the MH ILSS (as with other forms of provision) are under careful consideration as part of the implementation of the new mental health accomodation pathway. The design of the service and referral arrangements will in particular seek to allow opportunities for access where individuals are identified by other agencies and service providers as presenting with significant and enduring difficulties that require mental health specific support provided by the MH ILSS service.</p>
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**Outcome(s) of equality impact assessment:**

No major change needed    Adjust the policy/proposal    Adverse impact but continue X    Stop and remove the policy/proposal

Whilst the mitigations above should remove most of the negative impacts there is the potential for some slight negative impacts to be felt. However, considering the positive impacts brought about by the new ILSS model and the mental health accommodation pathway it is felt reasonable to continue.

**Arrangements for future monitoring of equality impact of this proposal / policy / service:**

Arrangements for the review of equalities impacts are intended as part of the monitoring of the success and impact of the implementation of changes to the broad mental health accommodation pathway. In particular, feedback is to be sought from agencies working with socially excluded citizens and/or citizens who have difficulty living independently due to problems associated with their mental health to inform this work. Findings are to be reviewed by a steering group of partners from Nottingham City NHS and Nottingham City Council (including operational teams and commissioners).

All ILSS services will be required to provide equalities reporting on a quarterly basis as part of their CHR monitoring returns.

Approved by (manager signature): Antony Dixon

Date sent to equality team for publishing: Send document or link to [equalityanddiversityteam@nottinghamcity.gov.uk](mailto:equalityanddiversityteam@nottinghamcity.gov.uk)

**Name and brief description of proposal / policy / service being assessed**

Learning Disability Independent Living Support Services (ILSS) reduction

This document relates to the tendering of housing related support services under the new Independent Living Support Services Framework for adults with Learning Disability and Autistic spectrum disorder including Aspergers.

Following the end of funding restrictions for housing related support including floating support through Supporting People, a new framework has been developed locally to encourage a more flexible and innovative approach to individuals requiring additional support to enable them to live independently. Under the previous arrangements there was one floating support service “Include” a jointly run service by 2 providers to people with a mild – moderate learning disability and people with a diagnosis of Autistic Spectrum Condition, (*including aspergers*) across any tenure within the boundary of Nottingham City Council. Individuals were able to access support from as little as one month and could continue for as long as 24 months.

It is proposed to continue to offer a service that promotes independence and enablement, building resilience over 24 months. However the way this will be delivered will be split as 18 months individual support followed by a further 6 months access being available to the new Crisis and drop in service.

A small savings target has been identified in respect of this service, reflecting a reduction of £0.022 million.

**Information used to analyse the effects on equality**

	<b>Could particularly benefit (X)</b>	<b>May adversely impact (X)</b>	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups	<input type="checkbox"/> x	<input type="checkbox"/>	The restructuring of support should enable more people with mild LD or Autistic spectrum disorder to be able to access a service.  Albeit that there are some individuals who would want to access a service for 24 months, however the enabling element of the service is intended to build tenacity and resilience, supporting individuals to be “able” and to learn the skills to manage their lives.	The 6 months access to the Crisis and Drop-in should empower individuals and provide a safety net.
Men, women (including maternity/pregnancy impact), transgender people	<input type="checkbox"/> x	<input type="checkbox"/>		
Disabled people or carers	<input type="checkbox"/> x	<input type="checkbox"/>		
People from different faith groups	<input type="checkbox"/> x	<input type="checkbox"/>		
Lesbian, gay or bisexual people	<input type="checkbox"/> x	<input type="checkbox"/>		
Older or younger people	<input type="checkbox"/> x	<input type="checkbox"/>		
Other (e.g. marriage/civil	<input type="checkbox"/> x	<input type="checkbox"/>		

partnership, looked after children, cohesion/good relations, vulnerable children/adults)				
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**Outcome(s) of equality impact assessment:**  
 No major change needed x Adjust the policy/proposal  Adverse impact but continue  Stop and remove the policy/proposal

**Arrangements for future monitoring of equality impact of this proposal / policy / service:**  
 As part of the tendering process all services will be reviewed in relation to equalities provision to ensure that the requirements are met. Once new services have been in place for 6 month a detailed service review will take place which will include equalities considerations.

Approved by (manager signature): Antony Dixon Strategic Commissioning Manager <ul style="list-style-type: none"> <li>Sharon Bramwell, Commissioning Manager 0115 8763490</li> </ul>	Date sent to equality team for publishing: 6 <sup>th</sup> Dec 2012
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**Name and brief description of proposal / policy / service being assessed**

Physical and Sensory Impairments and HIV Independent Living Support Services (ILSS) reduction

This document relates to the tendering of housing related support services under the new Independent Living Support Services Framework for adults with Physical and Sensory Impairments (PSI) and HIV..

Following the end of funding restrictions for housing related support including floating support through Supporting People, a new framework has been developed locally to encourage a more flexible and innovative approach to individuals requiring additional support to enable them to live independently. Under the previous arrangements there were four floating support projects; one each for individuals with physical, hearing and visual impairment and a separate service for individuals with HIV.

It is now proposed that this is replaced with one single service, but the specification will contain within it, additional requirements and targets for each of the four service groups.

A small savings target has been identified in respect of this service and there has been a reduction in overall funding from £313,534 to £300,000.

This reduction reflects the fact that:

- A large number of service users will be able to access the new crisis and drop-in service. The service will be open 5 days a week and will provide crises intervention and drop-in support for those who have received support previously and require a small amount of additional support. Whilst some service users will not be able to access this provision due to the nature of their impairment, a significant number will. Not only will this reduce the pressures on this service around a rapid response, it will enable the service to reduce the length of one to one interventions by providing responsive aftercare
- The service will be able to provide a more flexible range of interventions that include a stand alone drop-in service and group work which

will allow the service to work more effectively with more individuals

- Greater efficiencies can be achieved by aligning the four services

### **Information used to analyse the effects on equality**

Information was based on a detailed analysis of the needs of individuals with PSI. This included; identification of levels of need, a review of current provision, a case file audit of those accessing the service and consultation and with citizens, providers and practitioners. A consultation on the accommodation needs of individuals with PSI was undertaken through Disability Direct and ongoing discussion has taken place through the Disability Involvement Group.. An extended consultation was undertaken last year to consider the range of provision for individuals with HIV which included consultation with providers and service users and a detailed needs assessment has recently been completed. One to one meetings have taken place with the current providers.

### Key Findings from the Needs Assessment undertaken as part of the Review

- Levels of need in relation to complex physical disability are increasing at a higher rate than local neighbours with a predicted to rise by 19% between 2011 and 2030 compared to a 7% rise nationally.
- There are increasing numbers of older disabled people with over 40% of individuals receiving social care falling into age 55-64 group.
- This has implications for older people's services and the types of support that many disabled people are interested in accessing
- Apart from a small amount of floating support, there are no intermediate housing options
- The numbers of individuals receiving local authority residential support are low (36) and are in line with the level of provision offered by statistical neighbours
- There is very little re-ablement for people with PSI in the community or in residential care and very few examples where individuals are supported back into the community from residential care

### Consultation Outcomes

Consultation undertaken includes: Discussion with the Disability Inclusion Group, the NCH disability group and the Disability Accommodation Consultation Group and:

- Meetings with a number of health and social care practitioners.
- A practitioner event
- Individual visits with all locally commissioned providers
- A consultation with citizens with PSI organised by Disability Direct
- An HIV pathways consultation undertaken by Independent Voices

In addition to the issues that have already been identified through the key findings it identified:

- The need for early intervention projects supporting activities such as shopping, minor household maintenance and social access
- There is a poor range of half-way house options to provide enhanced support packages in the community. A number of citizens

expressed an interest in shared housing arrangements in order to increase flexibility of support packages

- There are no units available to NCC to help support re-ablement back into the community
- Housing Related Support (HRS) can be helpful at points of transition such as; acquiring a disability in adult life, leaving home, loss of a carer. Many elements of HRS could be delivered in a group setting rather than one to one

The lack of range and choice of residential provision means that there are concerns as to quality and citizens are sometimes placed in homes which are inappropriate in relation to age or need or have to be out of area

	<b>Could particularly benefit (X)</b>	<b>May adversely impact (X)</b>	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups	<input type="checkbox"/> x	<input type="checkbox"/> x	Some ethnic groups, particularly those from Africa are over-represented amongst the levels of known individuals with HIV. The proposed new structure means that there will no longer be a stand alone housing support service for individuals with HIV.  Whilst there has been a small reduction to the overall funding levels of the service, due to the factors listed above, it is not believed that it will adversely affect individuals with disability, and is intended to increase the number of those that are supported.  Potential adverse impact is assessed in relation to the possible concern caused to individuals by potential changes in current support providers.  Gay men are over represented amongst known individuals diagnosed with HIV.  Most individuals with disability are over 55.  It is relevant to note that changes to benefits and welfare	The current funding arrangements retain the level of provision for individuals with HIV. Some individuals may feel that there anonymity is better protected within a more general disability service. The service will be required to ensure that they have dedicated provision for individuals with HIV and maintain the highest standards of confidentiality. The service will be required to demonstrate how it will ensure that it
Men, women (including maternity/pregnancy impact), transgender people	<input type="checkbox"/>	<input type="checkbox"/>		
Disabled people or carers	<input type="checkbox"/> x	<input type="checkbox"/> x*		
People from different faith groups	<input type="checkbox"/>	<input type="checkbox"/>		
Lesbian, gay or bisexual people	<input type="checkbox"/> x	<input type="checkbox"/> x		
Older or younger people	<input type="checkbox"/> x	<input type="checkbox"/> x*		
Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults)	<input type="checkbox"/>	<input type="checkbox"/>		

			<p>reforms at a national level are taking place which have a potentially very significant impact on disabled people and carers. For example the Employment Support Allowance assessment process may result in some disabled people being assessed as fit to work and losing previous benefit entitlements, which may create additional financial and personal pressures on disabled people and carers including in relation to ESA appeals and support in relation to looking for work.</p> <p>Some people with HIV will have concerns about their needs being met appropriately within a more generalised service in terms of confidentiality and specialist knowledge.</p>	<p>meet the needs of individuals of African origins as well as gay men and other groups that are over represented in the known HIV population.</p> <p><i>The approach outlined is intended to provide the best way of meeting rising needs and addressing the issues identified in needs assessment within the context of limited resources</i></p>
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**Outcome(s) of equality impact assessment:**

No major change needed x  Adjust the policy/proposal  Adverse impact but continue  Stop and remove the policy/proposal

**Arrangements for future monitoring of equality impact of this proposal / policy / service:**

As part of the tendering process all services will be reviewed in relation to equalities provision to ensure that the requirements are met. Once new services have been in place for 6 month a detailed service review will take place which will include equalities considerations.

Approved by (manager signature): Antony Dixon Strategic Commissioning Manager

- Clare Gilbert, Lead Commissioning Manager 0115 8764811

Date sent to equality team for publishing: 04/09/12