

Decision Report – Cabinet Decision

– 19th December 2018

Award of Contract for the Provision of Support Services for People with Complex, Multiple Needs

Cabinet Member(s): Cllr David Huxtable – Cabinet Member for Adult Social Care Division and Local Member(s): All

Lead Officer: Stephen Chandler, Director of Adult Social Services

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	Seen by:	Name	Date
	County Solicitor	Honor Clarke	4 Dec 2018
	Monitoring Officer	Scott Wooldridge	3 Dec 2018
	Corporate Finance	Peter Lewis	6 Dec 2018
	Human Resources	Chris Squire	29 Nov 2018
	Property	Paula Hewitt	28 Nov 2018
	Procurement / ICT	Simon Clifford	3 Dec 2018
	Senior Manager	Stephen Chandler and Trudi Grant	3 Dec 2018 6 Dec 2018
	Commissioning Development Team	Vikki Hearn	28 Nov 2018
	Local Member(s)	N/A	N/A
	Cabinet Member	Cllr David Huxtable – Cabinet Member for Adult Social Care and Cllr Christine Lawrence, Cabinet Member for Public Health and Wellbeing	3 Dec 2018 3 Dec 2018
	Opposition Spokesperson	Cllr Bill Revans (Adult Social Care) and Cllr Amanda Broom (Public Health and Wellbeing).	6 Dec 2018 6 Dec 2018
	Relevant Scrutiny Chairman	Cllr Hazel Prior-Sankey for Scrutiny Adults and Health	28 Nov 2018
Forward Plan Reference:	FP/18/07/10		
Summary:	This is an exciting opportunity for Cabinet to approve the award of a contract for the Provision of Support Services for People with Complex, Multiple Needs. This will change the way that people with complex needs are supported and move away from traditional models of care, which have tended to see people grouped together in “units” of accommodation, leading to		

	<p>negative influences from outside and within the settings. These hinder rather than promote recovery.</p> <p>This new contract aims to lift all our expectations and aspirations to enable people to secure stable, quality accommodation and be supported to maintain it. We hope partners can embrace the change and work with the new service to improve living standards and outcomes for the people we support. People living with substance misuse or mental health problems deserve to be given the same opportunities as all of us and this new service tasks the provider to deliver that change.</p> <p>The successful bidder will name the new service after consultation with service users / potential users.</p> <p>Briefly, the service will enable people to maintain and improve their independence & wellbeing and prevent them from needing to access more acute and / or crisis-based, costly social care and health solutions and will reduce repeat homelessness presentations. It will focus on a core group of adults with complex and multiple needs stemming from a combination of mental health needs, substance misuse or challenging behaviours who are unable to find a sustainable housing solution and find themselves, “<i>stuck in the system</i>”.</p> <p>It will enable this vulnerable and disadvantaged group to be far more likely to live independently in stable and sustainable accommodation in a place where they want to be, via innovative approaches and an aspiration to improve wellbeing and lives.</p> <p>In the Confidential Tender Evaluation Report (attached as Appendix A), Section 5 gives the sourcing recommendation as follows: Following the Award stage, the bidder deemed to have submitted the Most Economically Advantageous Tender is as follows: Provider A.</p> <p>The recommendation is for a five-year contract with an option to extend for a further two periods of up to 12 months. This recognises the need to effect real change in this area of work and drive a model that is fit for the future.</p>
<p>Recommendations:</p>	<p>That the Cabinet</p> <ol style="list-style-type: none"> Approves the award of a contract for the Provision of Support Services for People with Complex, Multiple Needs, to Provider A (as identified in Section 5 of the attached Confidential Appendix A – Tender Evaluation Report), from 1 April 2019 for a period of 5 years with an option for the authority to extend the contract for a further two periods of up to 12 months (subject to the parties agreeing the price for the extension period).

	<p>2. Agrees the case for applying the exempt information provision as set out in the Local Government Act 1972, Schedule 12A and therefore to treat the attached Appendix A in confidence, as they contain commercially sensitive information, and as the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information.</p> <p>3. Subject to the approval recommendation 2 above, agrees to exclude the press and public from the meeting where there is any discussion at the meeting regarding exempt or confidential information.</p> <p><i>Exclusion of the Press and Public</i> To consider passing a resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 to exclude the press and public from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, within the meaning of Schedule 12A to the Local Government Act 1972:</p> <p><i>Reason:</i> Information relating to the financial or business affairs of any particular person (including the authority holding that information).</p> <p>4. Delegates authority to the Director of Adult Social Services, in consultation with the County Solicitor, to finalise and enter into the contract referred to in recommendation 1 above on behalf of the authority and to determine, in due course, whether to exercise the option to extend the contract.</p>
<p>Reasons for Recommendations:</p>	<p>The Service will be partly relied upon to meet SCC’s statutory duties in respect of adult social care for people with mental health needs and will assist in meeting its statutory duties to improve health and to promote community safety.</p> <p>The existing service delivered by Rethink Mental Illness, providing supported accommodation and floating support for individuals with Mental Health needs who are at risk of homelessness will cease in March 2019. It was accepted, through engagement work, that the service no longer effectively meets the needs of the client group and that a new approach was required. People have dual / multiple needs / issues and this new service will provide a more cohesive and person-centred approach for this vulnerable group.</p> <p>The existing service delivered by Developing Health & Independence (DHI), providing accommodation and housing support as part of an integrated drug and alcohol service will</p>

cease March 2019. It was accepted that a new approach to link commissioning with sections of the County Council would be more effective meet the needs of the client group.

The decision to award the contract will realise the ambitions of this service to work with a range of support services, landlords and housing providers to remove barriers and increase access to stable accommodation. The Service will provide a framework of provision for Customers to obtain and maintain their tenancy and live positive healthy lives. It will move services away from providing accommodation “units” and instead focus on the support needed to help people secure and maintain their homes wherever they choose to live. In our engagement work it was clear that landlords (private and housing associations/public sector) felt unable to offer accommodation to some individuals because of a lack of security and support for those individuals.

The Service will enable people to maintain and improve their independence & wellbeing and prevent them from needing to access more acute and / or crisis-based, costly social care and health solutions and will reduce repeat homelessness presentations.

The overarching strategic outcomes cover:

- **Outcomes for Somerset** including:
 - Increased availability of and effective use of suitable accommodation for this group
 - Increased access provision of access to step-up/step-down flexible and enabling support
 - Reduction in unnecessary admissions to hospital / care / prison
 - Reduction in tenancy breakdowns and representations for homelessness

- **Outcomes for Customers** based upon what matters to them by setting their own goals. These include the development of personal skills with the aim of being better able to:
 - access and maintain stable accommodation
 - set and achieve positive goals in life
 - access / maintain employment, training, volunteering
 - improve stability and security of any children and increase parental capacity where relevant
 - strengthen positive family and other support networks
 - improve and sustain positive physical and emotional health
 - achieve a reduction in harmful behaviours
 - achieve recovery

The accompanying confidential appendix contains commercially sensitive information relating to the contract and the Council’s financial and business affairs. Officers recommend that this is treated as exempt information. “Exempt information” is defined

	<p>by Section 100 of the Local Government Act 1972, by Schedule 12A to that Act.</p>
<p>Links to County Vision, Business Plan and Medium Term Financial Strategy:</p>	<p>The new service will contribute to the ambitions outlined in the County Vision for Somerset around being:</p> <ul style="list-style-type: none"> • More healthy: These services support the health of Customers, their family, friends and the wider community. • More prosperous: These services support Customers and their families to maintain employment and to access education and employment. <p>The service will help deliver Somerset Health and Wellbeing’s Improving Lives in Somerset Strategy 2019-2028 (currently in draft for consultation). It will support the delivery of three of the elements of the vision identified by the Health and Wellbeing Board for the next 10 years:</p> <p>A County infrastructure that supports affordable housing, economic prosperity and sustainable public services. This service will enable people with complex needs find and retain sustainable and affordable accommodation, supporting good mental and physical health.</p> <p>Fairer life chances and opportunity for all. The range of support and development services and opportunities delivered / facilitated by the innovative and person-centred service will help improve the life chances of people with complex needs – through volunteering and peer mentoring leading to employment opportunities for example. Social exclusion will be reduced too.</p> <p>Improved health and wellbeing and more people living healthy and independent lives for longer. Support in developing customer’s tenancy sustainment skills for example will enable to stay in their homes longer and live more independently.</p> <p>Social Value Policy: The tender process included a specific question on Social Value and Added Value and bidders’ responses were thoroughly evaluated against seven specific criteria. See Appendix A – Confidential Tender Evaluation Report for more details.</p> <p>Responses required clear descriptions of how the bidder would (in Somerset) develop employment, skills and training opportunities (particularly for hard to reach/target groups); improve the health and wellbeing of residents and employees, maintain their independence and reduce inequalities; build community capacity and play an active role in the local community, especially in those areas and communities with the greatest need; create opportunities for micro-providers and small to medium business enterprises to be part of supply chains; any added value benefits that will be realised over and above the service specification requirements.</p>

	<p>A wide range of commitments were made by the bidders including:</p> <ul style="list-style-type: none"> • Extending/replicating existing successful projects elsewhere (often in partnership with other organisations) in skills development for hard to reach groups • Establishing a social enterprise to support personal and employment skills or using a staff volunteering scheme to support customers' skills development • Using charitable trusts' contributions and/or other fundraising commitments to support the delivery of outcomes in Somerset • Supporting volunteers to gain skills and experience and to move into paid employment • Using and supporting the development of micro-providers and the recruitment and development of apprentices • Working with neighbours/local businesses/the broader community to reduce stigma and/or promote awareness and potential engagement • Granting access to other services delivered by the bidder and/or their partners.
<p>Consultations and co-production undertaken:</p>	<p>There was early and comprehensive consultation and co-production involved throughout the commissioning and procurement process, as set out below.</p> <p>Having been able to align the contract end dates of two associated services for adults with complex needs, commissioners from Adults & Health and Public Health were able to take the opportunity to jointly commission a new service – combining funds and creating an integrated service capable of supporting complex needs adults and enabling all workers to gain from enhanced skills development. This acknowledged the fact that many of the people supported by the current segmented services have multiple issues which are better addressed as a whole, rather than issue-by-issue in different services.</p> <p>A multi-agency Creative Solutions Commissioning Group was established to oversee the tender process. Membership included colleagues from Children's Commissioning; Commercial & Procurement; District Council housing and strategy functions; Somerset Partnership; Somerset CCG. Each of these partners contributed to the ultimate development of a new service specification.</p> <p>The first market engagement event was held in January 2018 with attendees from: support providers including those specialist in supporting people with one or more of the following needs: mental health, homelessness; drug and alcohol misuse; offending history; behavioural issues; debt and money management. Supported by District Council Colleagues, SCC commissioners were able to facilitate workshops around the potential principles and outcomes of a potential new service;</p>

	<p>challenges and barriers. Initial plans were made towards the development of a new service specification.</p> <p>In March 2018, a multi-agency commissioning workshop was held to inform the emerging model and the commissioning approach and explore collaboration opportunities. This embedded the foundations of: making the best of everyone’s expertise; developing creative and collaborative solutions and getting best value for the Somerset pound. The existing landscape of services; needs, gaps, client group, people’s challenges and aspirations and funding opportunities were all explored.</p> <p>People using the current services were consulted one-to-one and in group settings to gain insight into what works well, what could be better, what their aspirations are and what would make them more achievable. Consultation responses were considered when designing the specification for the new model of service delivery.</p> <p>Each event refined the content of the evolving service specification and in June 2018, another market engagement was held to share the draft service specification, further communicate our intentions and test whether the skills and appetite exist to provide the service and to listen to any further ideas and concerns</p> <p>Multi-agency involvement continued into the procurement process – see Confidential Appendix A for further details.</p> <p>The relevant Councillors have been consulted on this report and no issues have been raised. There are no known Cabinet Member conflicts of interest.</p>
<p>Financial Implications:</p>	<p>Previously agreed 2017/18 in-year savings have reduced annual spend on the existing service delivered by Rethink from £1.5m to £1.025m.</p> <p>There are additional savings from April 2019 as this new way delivering the service will have a contract price of no more than £0.84m pa. For details see the Confidential Tender Evaluation Report - Appendix A</p> <p>The funding will comprise up to £0.75m pa from Adult Social Care’s Supported Housing budget and up to £90,000 pa from the Public Health Grant.</p> <p>The contract will be effectively monitored to fully understand the broader gains through reduced demand on SCC and other services as reflected in the outcomes described in the “Reasons for Recommendations” section, above.</p> <p>There are no other financial implications.</p>

<p>Legal Implications:</p>	<p><u>Relevant statutory duties</u></p> <p>SCC has a statutory duty to meet an adult’s needs for care and support in accordance with Part 1 of the Care Act 2014. SCC will therefore need to ensure that the proposed model for support services is capable of meeting the assessed eligible needs of service users.</p> <p>It is anticipated that the services being procured will assist SCC in meeting its statutory duties to (i) improve the health of people in its area (s2B(1) of the National Health Service Act 2006), and (ii) to have due regard to the need to do all that it reasonably can to prevent crime and disorder, and the misuse of drugs, alcohol and other substances in its area (s.17 of the Crime and Disorder Act 1998).</p> <p>In taking the decision to cease commissioning support services in their current form and move to a new model, SCC must have due regard to the equality needs listed in section 149 of the Equality Act 2010, including the need to remove or minimise disadvantages suffered by persons who share a relevant protected characteristic. Accordingly, the equality impact assessment appended to this report must be properly analysed and considered by the Cabinet before the decisions in this report are taken. A failure to comply with the section 149 duty could lead to a legal challenge from service users affected by the decision.</p> <p><u>Procurement</u></p> <p>SCC has carried out a procurement process which complies with the requirements of the Public Contracts Regulations 2015 and has determined that the preferred supplier’s tender is the most economically advantageous tender, in accordance with the award criteria set out in the procurement documents. Accordingly, there should be no risk of a successful procurement challenge from other economic operators.</p> <p><u>Contract with the preferred supplier</u></p> <p>As noted elsewhere in the report, the contract is for an initial term of five years, with an option for SCC to extend by two further 12-month periods, subject to agreeing the price that will apply for these extensions. SCC has the right to terminate the contract at any time on six months’ notice. The supplier has the right to terminate on nine months’ notice but only during any extension period.</p>
<p>HR Implications:</p>	<p>There are no HR implications for SCC in this decision since the effect of TUPE will be limited between the existing providers and the new contractor.</p>

Risk Implications:	<p>Risk to Health and Wellbeing from not having a service. This service will provide specialist support to very vulnerable cohorts of people with complex needs, that would be put at significant health, wellbeing and safeguarding risks (including death) if not available.</p>					
	Likelihood	2	Impact	5	Risk Score	10
	<p>Risk of increased street homelessness and anti-social behaviour and the influence it could have on prosperity of the communities of Somerset and the wellbeing of its population and visitors.</p>					
	Likelihood	2	Impact	3	Risk Score	6
Other Implications (including due regard implications):	<u>Equalities Implications</u>					
	<p>An Equalities Impact Assessment has been completed for this decision and is attached below.</p>					
	<p>The key action is to establish from start of contract compliance with data collection in relation to protected characteristics on client profiles.</p>					
	<u>Community Safety Implications</u>					
	<p>As described in the section “Links to County Vision....” Above, the service should help address a number of community safety and health and wellbeing concerns.</p>					
	<p>If the decision is not taken, there is likely to be an increase in street homelessness, which could increase incidents of anti-social behaviour and acquisitive crime in local communities and erode community cohesion.</p>					
<p>The ability of the police and probation services to monitor and manage serious and prolific offenders could be undermined.</p>						
<p>People tell us that having a safe, stable place to live and/or the support to retain that accommodation has a big overall impact upon their quality of life and wellbeing. Without it, many could not envisage being able to move towards / maintain independent living.</p>						
<u>Sustainability Implications</u>						
<p>The specification’s emphasis on partnership working has encouraged bids with co-location with existing services/groups in the community. This encourages travel choices for staff and clients that do not rely on the car.</p>						

The specification also emphasises recovery from drug and alcohol use and by this building capacity for clients to be accessing education, training and employment.

Health and Safety Implications

There would be a significant health and safety risk to individuals with complex and multiple needs without this service by their being less able / unable to access specialist support services, particularly if they are or become 'street homeless'.

Privacy Implications

Personal client data may be processed at any point from first contact/referral until the client has not been in contact for a sustained period and all their data has been destroyed. Personal data will only be processed whilst the client is in contact with and/or receiving support from the service or if the service is attempting to re-engage the person into the service.

The new service will use an appropriate information case management system agreed with the commissioners that will meet all legal requirements and enable the commissioners.

Data will be retained for at least 8 years after case is closed. At the point the data is no longer deemed necessary, the service provider will have responsibility to ensure the client record is destroyed.

We will work closely with the successful bidder to ensure appropriate approaches and controls in place.

Health and Wellbeing Implications

This service area will have:

- Positive impact on health and wellbeing on the individuals using the service, and their families – for example protecting children from the harm caused by drug/alcohol dependent parents.
- Positive impacts on preventing ill-health (physical and mental health).
- Positive impacts on reducing health and social inequalities for example increased access to employment through the skills and experience people develop being a part of the peer mentor programme and / or receiving specific training and development opportunities.

This service will contribute to the shared vision for Health and Wellbeing in Somerset in that "People live healthy and independent lives, supported by thriving and connected

	communities with timely and easy access to high-quality and efficient public services when they need them.”
Scrutiny comments / recommendation (if any):	The Scrutiny for Policies, Adults and Health Committee was consulted on the proposed decision.

1. Background

- 1.1. Somerset County Council Adult Social Care and Public Health are jointly commissioning a new combined service to enable people to maintain and improve their independence & wellbeing and prevent them from needing to access more acute and / or crisis-based, costly social care and health solutions and will reduce repeat homelessness presentations.

The scope of the new service is:

- Adults aged 18 or over regardless of who they are currently sharing their household with.
- Individuals who have difficulty in obtaining and maintaining stable housing (and maybe homeless) AND where two or more of the following are causing difficulties:
 - Any problematic substance use (any illicit drug and / or alcohol).
 - Offending / Criminal Justice issues
 - Any mental health or emotional difficulties including symptoms of personality disorder
 - Behavioural issues including aggression / anti-social behaviour
 - Significant, debilitating debt / money management issues affecting their mental health and/or ability to maintain / sustain stable housing

- 1.2. This new provision will enable people to maintain and improve their independence & wellbeing and prevent them from needing to access more acute and / or crisis-based, costly social care and health solutions and will reduce repeat homelessness presentations. It will focus on a core group of adults with complex and multiple needs stemming from a combination of mental health needs, substance use or challenging behaviours who are unable to find a sustainable housing solution and find themselves, “*stuck in the system*”.

It will be both innovative and aspirational and will enable this vulnerable and disadvantaged group to be far more likely to live independently, in stable and sustainable accommodation, in a place where they want to be.

- 1.3. Whilst the new service will effectively replace the two existing services commissioned by Adult Social Care and by Public Health, it will be very different.

The existing service delivered by Rethink Mental Illness, providing supported accommodation and floating support for individuals with Mental Health needs who are at risk of homelessness will cease in March 2019. It was accepted that the service no longer effectively met the needs of the client group and that a new approach was required. People have dual / multiple needs / issues and

this new service will provide a more cohesive and person-centred approach for this vulnerable group.

- 1.4. The decision to award the contract will realise the ambitions of this service to work with a range of support services, landlords and housing providers to remove barriers and increase access to stable accommodation.
- 1.5. After several engagement events with commissioners, partner organisations; potential providers and current & former service users (see *Consultations and Co-production Undertaken* section, above) and intensive work with the multi-agency Commissioning Group, the service specification was agreed in July 2018. **See Appendix B – Service Specification.**
- 1.6. Rather than being a provider of accommodation, this service will work with a range of support services, landlords and housing providers to remove barriers and increase access to stable accommodation; the service will provide a framework of provision for people to obtain and maintain their tenancy and live positive healthy lives.
- 1.7. The Service will develop innovative solutions that enable such Customers to access suitable and affordable accommodation alongside effective support as and when needed. Often these will be outside the traditional and more prescriptive or linear methods of service delivery

The Service will need to work alongside existing and emerging elements of the housing landscape in Somerset to ensure resources are used effectively to develop a system-wide approach.

Support will be “step-up / step-down”, wrap-around” and flexible with clear measurable outcomes that are based upon what matters to the Customer.

- 1.8. The purpose of The Service is to:
 - Work with landlords and housing providers to remove barriers and increase access to stable accommodation for this Customer group
 - Identify person-centred sustainable solutions that enable Customers to obtain and maintain suitable housing and to live positive lives
 - Work with other stakeholders to facilitate an integrated, effective response which encompasses the Customer’s support networks, communities and communities of interest through reciprocal relationships and pro-active communication
 - Build capacity, confidence and capability across the system in the management of Customers with substance misuse, mental health and other behaviours.

2. Options considered and reasons for rejecting them

- 2.1. If no service is put in place, the local authority will not be able to support the statutory needs of people with mental health needs.
- 2.2. It is not contractually possible to extend further the existing service delivered by Rethink Mental Illness and in any case, as mentioned above, it is accepted

that the service was out-dated in terms of best-practice; no longer effectively met the needs of the client group and that a new approach was required.

- 2.3. To not jointly commission a new service with Public Health would have wasted an opportunity to support the complex needs of this specific, vulnerable client group more holistically and effectively, as well as aligning SCC services and benefiting from a multi-agency approach

3. Background Papers

- 3.1. IN CONFIDENCE – NOT FOR PUBLICATION
Local Government Act 1972 – Schedule 12A

Appendix A: Tender evaluation Report

Appendix B: Service Specification

Somerset Equality Impact Assessment

Version	v3	Date	04.12.18
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Description of what is being impact assessed

Two directorates of Somerset County Council - Adult Social Care and Public Health are jointly commissioning a new combined service to work with a range of support services, landlords and housing providers to remove barriers and increase access to stable accommodation.

Our aim is that it will improve Customers ability to maintain and improve their independence & wellbeing and prevent them from needing to access to crisis-based social and health care services as well reduce repeat homelessness.

The new service will provide a framework of provision for Customers to obtain and maintain their tenancy and live positive healthy lives. The scope of the new service is:

- Adults aged 18 or over regardless of who they are currently sharing their household with.
- Individuals who have difficulty in obtaining and maintaining stable housing (and maybe homeless) AND where two or more of the following are causing difficulties:
 - Any problematic substance use (any illicit drug and / or alcohol).
 - Offending / Criminal Justice issues
 - Any mental health or emotional difficulties including symptoms of personality disorder
 - Behavioural issues including aggression / anti-social behaviour
 - Significant, debilitating debt / money management issues affecting their mental health and/or ability to maintain / sustain stable housing

This new service replaces the two existing accommodation based services for drug and alcohol users commissioned by SCC Public Health and mental health service users commissioned by SCC Adult Social Care. Of the two existing services one is delivered by Rethink Mental Illness, providing supported accommodation and floating support for individuals with Mental Health needs who are at risk of homelessness will cease in March 2019; the other is delivered by Developing Health & Independence (DHI), providing accommodation and housing support as part of an integrated drug and alcohol service will cease March 2019.

The Provider will be proactive with other services and agencies including, but not limited to, the Positive Lives Projects, Pathways to Independence Service (P2i) for 16 to 24-year olds (See <https://www.p2i.org.uk/>) and some of the work of the Avon and Somerset Rough Sleepers Group.

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#),, should be detailed here

Best practice in supporting homeless / potentially homeless vulnerable adults (including those with mental health needs) shows a move towards more sustainable independent living, shifting away from the use of short-term “cluster flats” / shared accommodation / staffed accommodation towards the provision of specialist floating support (from a range of relevant agencies as necessary) into an individual’s own (ideally secure / longer-term) accommodation.

Some individuals need support in the transition from a crisis or from hospital to their own accommodation. So, an on-going need for some supported accommodation is likely but increasingly, the drive of the service should be to enable mainstream housing options to be accessible for all client groups and for support to be provided in to achieve this, via a short period of targeted intervention in appropriate settings. There are of course significant challenges for any single person in finding accommodation but where possible, such clients, through the inputs from a range of agencies, need to be supported to obtain and sustain the most independent option possible as early as possible.

An All Party Parliamentary Group Factsheet on Complex Needs and Dual Diagnosis¹ refers to the data on complex needs people being generally not recorded and relies on anecdotal evidence. It produced a document 2018² which indicated that more than a quarter of a million people in England have contact with at least two of the following: homelessness services, substance misuse services and the criminal justice system. At least 58,000 people have contact with all three³; up to 70% of people in drug services and 86% of those in alcohol services have experienced mental health problems (Public Health England, 2014); and that Dual

¹ <https://www.turning-point.co.uk/appg.html>

² People Powered Recovery: Social action and complex needs Findings from a call for evidence (2018)

³ <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

diagnosis affects a third of mental health service users, half of substance misuse service users and 70% of prisoners (NHS Confederation, 2009).

The Hard Edges Mapping report⁴ uses the term 'severe and multiple disadvantage' (SMD) for this cohort of people and suggests men are more likely to face this than women - 8 out of 10; it predominantly affects men aged 25–44; and broad ethnic group suggests composition of this cohort predominantly white (85%), in line with the working age population of England as a whole; and though 90% are single homeless, even amongst those with the most complex needs, in this group almost 60% either live with children or have ongoing contact with their children. The specification for this new service seeks responses to take a psychological/trauma informed approach and this 2015 study confirms that 85% had experienced traumatic experiences in childhood.

Appendix 2 of the specification (see Appendix B), anticipates that there will be a case load of circa 320 people supported by this new service at any one time. Overall there is limited knowledge and local data on the whole of this group of clients in relation to protected characteristics; however, there is some of the client group where data in relation to protected characteristics is fully available such as dependent drug and alcohol users.

Data from the commissioned Somerset drug and alcohol treatment service that is all clients with an open episode in contact with Somerset Drug and Alcohol Service (SDAS) between 01/04/2014 and the 31/03/2018, shows we have seen a growing number of people who are No Fixed Abode (NFA) over the 4 years – 193 in 2014/15 and 298 in 2017/18.

- The NFA clients are 80% male and 20% female. When we look at the SDAS population as a whole, 70% are male and 30% are female.
- When we look at the NFA clients by age we see that most are aged between 25 – 44 with very few aged over 60. There were no 18 or 19-year olds with a NFA recorded.
- Of these NFA clients 97% reported being Heterosexual or did not provide their sexuality;
- 93% reported being White: English/Welsh/Scottish/Northern Irish/British or didn't provide their ethnicity;
- 92% reported being British or didn't report their nationality;
- 82% recorded being single or didn't provide their marital status.
- A similar pattern for age, gender, sexuality, ethnicity can be seen looking at the NFA cohort and links to the criminal justice system for example there were slightly more males than in the wider NFA cohort – 85% vs 80% but proportionally very similar.
- Disability as a data field was added nationally in April 2016 so only two years' worth of data is available for this and to date features small numbers; likewise, number of clients who presented to SDAS as NFA and reported having a dual diagnosis

⁴ As above

(substance use/mental health issues) has remained relatively stable over the last three years after dropping from its highest level in 2014/15.

Data from the exiting service mental health accommodation/support shows that at Sept 2018 the mental health accommodation service was 30 (25%) female to 90 (75%) male; with an average age of 41 years old (as at July 2017).

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

As part of the consultation a piece ethnographic, qualitative research was conducted across Somerset in November 2015 referred to as *Customer Insight Research*⁵. The report covered barriers and motivations. customer experience and customer aspirations/plans. It informed the overarching customers outcomes of the new service and will form part of the metrics to monitor performance and set KPIs. For example, this work driven by customer experience highlighted that reducing the level of influence between those with more and less harmful behaviours and introducing positive role models and mentoring from 'outside' of customers current world views was important to make changes and the new service is required to operate a strong peer mentor / volunteer programme as part of the 'workforce' so customers are inspired by others with lived experience.

There was consultation and co-production involved throughout the commissioning and procurement process – this is described under the section on *Consultations and co-production undertaken* in the body of this Cabinet decision report.

Having been able to align the contract end dates of two associated services for adults with complex needs, commissioners from Adults & Health and Public Health were able to take the opportunity to jointly commission a new service – combining funds and creating an integrated service capable of supporting complex needs adults and enabling all workers include peer mentors to gain from enhanced skills development.

A multi-agency Creative Solutions Commissioning Group was established to oversee the tender process. Membership included colleagues from Children's Commissioning; Commercial & Procurement; District Council housing and strategy functions; Somerset Clinical Commissioning Group. Each of these partners contributed to the ultimate development of a new service specification. This group oversaw a number of market engagement events between January and June 2018 with attendees from: support providers including those specialist in supporting people with one or more of the following needs: mental health, homelessness; drug and alcohol misuse; offending history; behavioural issues; debt and money management.

⁵ ESRO for Mendip District Council, 2015, Customer insight research: Obtaining and maintaining a secure home

Supported by District Council colleagues, SCC commissioners were able to facilitate workshops around the potential principles and outcomes of a potential new service; challenges and barriers. These developed and informed the emerging model and the commissioning approach and explored collaboration opportunities. This embedded the foundations of: making the best of everyone's expertise; developing creative and collaborative solutions and getting best value for the Somerset pound. The existing landscape of services; needs, gaps, client group, clients' challenges and aspirations and funding opportunities were all explored.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> Local data indicates that we are broadly match with national data on the age range for this group of customers. However, we need to ensure that the younger and older age groups can be supported effectively - for example we know that there is a small but growing number of older male heroin users whose lived experience of drug use and homelessness will be very different to that of a 19-year older drinker. All the workforce of the new service will need to demonstrate knowledge and skills to work with these differences; and ensure the peer mentor element of the work force includes the breadth of ages to act as positive role models who have had lived experience and recovered. 	□	□	☒
Disability	<ul style="list-style-type: none"> Available local data matches national data in relation to those people who have difficulty in obtaining and maintaining stable housing (and maybe homeless). However, the new service needs to ensure there is recording and monitoring in place for recording 	□	□	☒

	<p>disability against a clear methodology that covers the breadth of 'disability'</p> <ul style="list-style-type: none"> • The higher level of mental health needs within this client group creates a level of complexity, which requires both time and skill. Co-existing issues alongside mental health is a priority for the new service specification – both in terms of co-ordinated support as well as delivering psychologically informed interventions with clients on the basis that the majority of will have emotional and mental health needs distinct from a diagnosed mental health condition; these need to be addressed as part of a person's recovery. • Physical and psychological access to any buildings/premises was identified in the specification as a requirement in addition to mitigations for alternative access points where needed. 			
Gender reassignment	<ul style="list-style-type: none"> • Though no specific impact has been identified there is a need to ensure that the new service needs to ensure there is recording and monitoring in place; and that the workforce are competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people, which may result in staff having limited experience in this area. 	□	⊗	□
Marriage and civil partnership	<ul style="list-style-type: none"> • Though no specific impact has been identified there is a need to ensure that the new service take account of the data that indicate though many are single, some have ongoing contact with their children. Therefore, it is important that parental status and the relationship to any children is recorded and monitored and actively considered as part of the support plan for the customer. 	□	□	⊗

Pregnancy and maternity	<ul style="list-style-type: none"> Though no specific impact has been identified there is a need to ensure that the new service has a system for recording and monitoring in place; and are responsive to the needs of women (and men) when there is a pregnancy, 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	<ul style="list-style-type: none"> Available local data matches national data which indicates that those people who have difficulty in obtaining and maintaining stable housing (and maybe homeless) are more likely to be White: English/Welsh/Scottish/Northern Irish/British. However, there is a need to ensure that the service is culturally competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people from different ethnicities and cultures, which may result in staff having limited experience in this area. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or belief	<ul style="list-style-type: none"> Though no specific impact has been identified there is a need to ensure that the services are culturally competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people from different groups and cultures, which may result in staff having limited experience in this area. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	<ul style="list-style-type: none"> Available local data matches national data which indicates that those people who have difficulty in obtaining and maintaining stable housing (and maybe homeless) are more likely to be male than female. As such there is a need to ensure that the new service takes a gender responsive approach to ensure the needs of women are take account of and that staff (including peer mentors) have access to appropriate training, resources, advice and guidance. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Sexual orientation	<ul style="list-style-type: none"> Regardless of whether prevalence of homeless is higher, lower or the same amongst LGBTQ populations relative to the general population in Somerset, it is essential that the service is delivered that meet the needs of all individuals. We require the workforce of the new service to have LGBTQ understanding and competence that can make LGBTQ people feel safe, understood, visible and able to disclose sensitive issues. Workforce training and competence needs to continue to be reviewed contract reviews with the service. Monitoring this will mitigate against any negative impact. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.	<ul style="list-style-type: none"> The core of this new service is individuals who have difficulty in obtaining and maintaining stable housing (and maybe homeless) services. Recording and monitoring of the following will be required of the service: <ul style="list-style-type: none"> Carer status Veteran or member of the armed forces Income status via employment/training/education status monitoring at start and exit from service. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
The new service provider is required to have a transition phase for those Customers in the existing accommodation for the contract ending 31 st March 2019. Commissioners to require the new Provider to ensure that there are full client profiles (inclusive all the protected characteristics) of all	31/03/2019	New service provider of Support Services for People with	Report to Commissioners (ASC/Public Health) alongside	<input type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
clients in the transition period. This will create a baseline to inform next stage of data recording and needs assessment after year 1 of contract start in 2020/21.		Complex, Multiple Needs working with outgoing incumbents	outcome of client transition plans	
Protected characteristics (including local ones) will be part of the required data metrics for the new service from start.	01/04/2019	New service provider of Support Services for People with Complex, Multiple Needs Service	Report to Commissioners (ASC/Public Health) Quarterly in year 1 as part of data quality measures. 100% compliance with the data quality target	<input type="checkbox"/>
To monitor the providers workforce training and competency in relation to responding to core areas: <ul style="list-style-type: none">• Emotional and mental health issues.• Cultural competency linked to religion and belief, race and ethnicity• Gender responsive service delivery	31/03/2020	New service provider of Support Services for People with Complex, Multiple Needs Service training	Through standard contract review processes and audit to commissioners And training log by	<input type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
<ul style="list-style-type: none">LGBTQ understanding and competence that can make LGBTQ people feel safe, understood, visible and able to disclose sensitive issues.Trauma and psychologically informed approaches		log submitted annually	individuals in workforce (incl. peer mentors / volunteers)	

If negative impacts remain, please provide an explanation below.

None

Completed by:	Amanda Payne – Service Manager Drugs and Alcohol, Public health
Date	04.12.18
Signed off by:	Tim Baverstock
Date	04.12.18
Equality Lead/Manager sign off date:	Tom Rutland - Corporate Equality Manager 04.12.18
To be reviewed by: (officer name)	Amanda Payne – Service Manager Drugs and Alcohol, Public health
Review date:	Quarterly from 01/04/19 for 1 st year of contract 2019/20. Thereafter annually if compliant in year 1; if not monthly.