Author/Lead Officer of Report: (Sam Martin. Head of Commissioning for Vulnerable People)

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Report of:	*John Macilwraith, Executive Director of People Portfolio*
Report to:	*Cabinet*
Date of Decision:	*23rd September 2020*
Subject:	*Commissioning new care and supported services for people with complex needs*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes	/	No	
- Expenditure and/or savings over £500,000		/		
- Affects 2 or more Wards		/		
Which Cabinet Member Portfolio does this relate to? People Portfolio Which Scrutiny and Policy Development Committee does this relate to? *Health and Social Care scrutiny Committee*				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	/	No	
If YES, what EIA reference number has it been given?				
Does the report contain confidential or exempt information?	Yes		No	/
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:- *"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*				

Purpose of Report:

This report sets out proposals to commission new services to provide supported living and care for people with very complex needs. It describes the needs and current service gaps and seeks approval to secure new provision through a competitive tender process.

Recommendations:

That Cabinet:

1. Approves the approach as set out in this report.

2. Delegates to the Director of Strategy and Commissioning, People Services, in consultation with the Director of Finance and Commercial Services and the Cabinet Member for Health and Social Care authority to approve a procurement strategy to secure supported living services in line with this report and thereafter approve a contract award to the successful bidder.

3. Where no existing authority exists, delegates authority to the Executive Director of People Services, in consultation with the Director of Finance and Commercial Services to take such steps to meet the aims and objectives of this report.

Background Papers:
(Insert details of any background papers used in the compilation of the report.)

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: ***Paul Jeffries***
		Legal: ***Henry Watmough-Cownie***
		Equalities: ***Ed Sexton***
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**EMT member who approved submission:**	*John Macilwraith*

3	**Cabinet Member consulted:**	*Councillor George Lindars-Hammond Cabinet Lead for Health and Social Care*
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Sam Martin	**Job Title: Head of Commissioning for Vulnerable People**
	Date 23 September 2020	

1. PROPOSAL

1.1 The purpose of this paper is to:

1.1.1 Outline the needs of a small but growing cohort of people in the city who have such complex and challenging needs in relation to substance misuse, mental health, risky behaviour (i.e. crime and antisocial behaviour) and health and social care that they cannot reside in general needs housing, sheltered accommodation or in residential care, but need a new form of supported and supervised independent living arrangement which better meets their needs.

1.1.2 Recommend that the Council commissions new services for this cohort of people with complex needs and ensures continued provision for women with complex needs by retendering a specialist service for women. These services will complement and work as part of a wider network of support and interventions for this small group of people with highly specialised needs.

1.2 Background and Context

1.2.1 There is a small but growing cohort of people in Sheffield with complex needs who struggle to live independently, some of whom are getting older and have chronic health problems, and who struggle to live in existing provision such as sheltered accommodation or extra care or general needs housing with support. Social care staff find it difficult to find appropriate long-term solutions and consistent support for this group of people. Some people, particularly in their 50s and 60s, who also often have chronic health problems need longer term independent living and supported accommodation than the current short term supported housing the Council commissions

1.2.2 The Council is undertaking a strategic review of both Adult Social Care provision and its approach to homelessness and housing support, taking into account the recent Covid 19 pandemic and service responses. These reviews are not yet complete, but the ending of current contracts for some services supporting vulnerable people precipitates the proposals set out in this report, which are in line with the direction of travel emerging in the review work. Due to the high needs of people in this group we want to ensure there are no gaps in service provision pending the outcome of wider strategic reviews.

1.3 Recommended delivery options:

1.3.1 In order to better meet the needs and improve the lives of people with complex needs this report recommends that the People Portfolio undertakes a commissioning and procurement process to secure, from suitably qualified and able partner organisations, a mix of 45 to 60 new supported accommodation units, in smaller clusters or blocks, including a significant proportion with 24 hour on site support for residents.

1.3.2 The report sets out ambitions for this provision so that it is flexible, high quality, is delivered in buildings specially tailored to the needs of the cohort of people, and with well trained staff who are able to support the complex needs of the client group. This model will be flexible and could consist of a mix of individual properties, small clusters and blocks and will include specific provision for women. However a significant proportion of the units will be required to have 24 hour support. The exact final balance of size and level of support will be considered as part of the procurement exercise.

1.3.3 This new provision will complement, and will be an important building block as part of a wider network of other support services for this client group.

1.4 A summary of the needs of the client group

1.4.1 Nationally, several evidence-based reports looking at the needs of people with multiple and complex needs have acknowledged that, mental health, poverty and childhood trauma are all complementing factors in the needs of adults with severe and enduring needs. Studies also found that women have additional risk factors as they may have had significant relationships since childhood characterised by violence, abuse, exploitation and discrimination arising from gender.

1.4.2 **Adverse Childhood Experiences (ACES**)
Adults suffering severe and multiple disadvantages are most likely to have suffered multiple ACES as a child. A significant study in 1995-97 examined the relationship between experiences during childhood and reduced health and well-being in later life.[1] It concluded that cumulative childhood traumas have a lifetime effect on health, behaviour, life potential and life expectancy.

1.4.3 ACEs include abuse (physical, sexual and emotional) neglect (physical and emotional) household dysfunctions (abuse against your mother, divorce, incarceration of a parent, bullying, loss of care giver, natural disaster)

1.4.4 The study (and subsequent studies) show that continual exposure to

[1] Centre For Disease Control (CDC) Kaiser Permanente Adverse Childhood Experiences (ACES) study 1995-1997. Southern Califonria

stress disrupts the developing brain and increases risk of cognitive impairment, attention deficit, poor self-regulation, memory loss, reduced immunity from diseases and impedes development of trust, empathy and a sense of community.

1.4.5 When compounded by adverse community environment such as poverty, poor housing, lack of social opportunity children grow-up lacking resilience and are more likely to use illicit substances, be involved in violence, suffer with mental health problems and be incarcerated.

1.4.6 Sheffield needs data

1.4.7 Sheffield has experienced a 40% increase in people with mental health issues referred to secondary mental health services in the last two years.

1.4.8 The prevalence of illicit drug use in Sheffield is estimated at approximately 48,875 people and problematic alcohol use in is estimated at 7.2%, or 1:14 of people in the city.

1.4.9 In 2015 a health needs audit was undertaken with residents in supported accommodation. Outcomes of the audit showed that people using services in Sheffield were more likely to smoke heavily, have poor diets and be high risk drinkers. Drug use is problematic with more people in Sheffield than homeless people in other cities using crack/cocaine. Since the report, use of new substances like spice has become more widespread in this community. Long term health conditions are also prevalent and a much higher self-reporting of mental health issues than the general population. The client group are also more at risk of communicable diseases such as TB, Hepatitis C and HIV.
Whilst the numbers of women in the cohort were fewer than men, women's health issues were more significant than men's.

1.4.10 A more recent detailed look at 70 individuals in the current Sheffield complex client group has identified that they have suffered multiple adverse childhood experiences in their early lives and in their adult lives have developed severe drug and alcohol addictions, personality disorders, a range of mental health issues and long term conditions such as chronic diseases and disabilities. Behaviours include aggression, criminal behaviour and violence, with many suffering from Pathological Demand Avoidance.

1.4.11 75% of the adults are known to social care, often mental health services or The Forge Team. Over a two-year period 44 of the 70- clients accounted for 107 alcohol related hospital admissions and 146 non elective admissions to hospital for physical conditions. These included: gastroenterology, general medicine, infectious diseases, chest medicine, general surgery and other specialities. There was also an

average of 12 admissions per year to mental health acute wards/units.

1.4.12 In addition, there were 997 attendances to hospital - outpatients (427) and accident and emergency departments (570). Accident and Emergency, accounts for three-quarters of these attendances. Around 71% of these have long term significant accommodation problems.

1.4.13 Assessments of people in current services

People with similar needs are currently served, amongst other clients, in 3 different services that have been commissioned for a number of years, originally as part of the Council's strategy for supported housing. Commissioners have worked with current providers of the three services currently in place (2 of which are due to close) and measured the needs of these clients using an amended version for Sheffield of the London Borough of Merton's New Directions Team (Health and) Chaos index tool. This is a framework for assessing behaviours, needs and risks. The parameters measured are: engagement with frontline services, intentional self-harm, risk to self, risk to other, risk from others, mental health and wellbeing, physical health, social effectiveness, problematic alcohol and drug use, impulse control and housing and move on.

1.4.14 Out of 82 current residents 53 people scored extremely high showing a high level of non-engagement, risk, problematic substance and alcohol use, mental and physical health; very low impulse control, as well as significant challenges to live independently without significant support. Of the 82 people a quarter had been in care as children, over half had been sexually abused, half suffered domestic abuse, almost all had been physically assaulted, almost all had mental health problems, two thirds had physical health issues and about a quarter had had their own children taken into care.

The psychologist working with these services estimates that over 80% had suffered multiple adverse childhood experiences.

1.4.15 Case studies illustrate some of these needs in terms of support more holistically. (anonymised)

1.4.16 Case study 1. Lewis.

Lewis is 55 years old and has been in and out of institutions and support most of his life. He has a low-level learning disability, a history of arson, a serious drink problem and is at risk from his life- style which includes allowing lots of other people into his accommodation. Without supervision he brings firelighters and paraffin into his flat and is a serious fire risk. He is in poor physical health and suffers from diabetes and kidney failure so requires dialyses which he misses if not reminded and encouraged to attend. His self-hygiene is also extremely poor, and he requires a lot of support to be washed and dressed and ready for the ambulance to take him to treatment. He also needs support from care support staff to stay and enable him to cooperate with the treatment. He has lost many homes due to his lifestyle and it does not seem feasible that he can live independently without being a risk to himself

and to neighbours. Residential care would also be unsuitable due to his lack of engagement with services, his drinking and his risk to other residents.

1.4.17 Case study 2. Brian.
Brian is a 68-year-old man. He had a serious alcohol dependency, is visibly unsteady on his feet and has high cholesterol. Brian also suffered a brain injury and had several broken ribs following a serious assault in 2013. His mobility is poor, and he has had several falls recently, one which resulted in him fracturing his wrist and affected his brain function.

1.4.18 As a child he was educated in special schools from the age of about 12 to 16 and has a mild learning disability. He has served time in prison. Brian is easily exploited and targeted by drug users. He self-harms when distressed. He has been financially exploited and assaulted on many occasions. His supported housing was short term he was eventually assessed as needing care but was refused by several care homes, sheltered and extra care accommodation due to his drinking, own behaviours and risks to other residents, even though he is very vulnerable himself.

1.4.19 Case study 3. Connie.
Connie is in her late 30s. She lives a very chaotic life-style, has a history of offending and is addicted to heroin, crack cocaine and alcohol. She also has mental health issues and self-harms. She has had several babies taken into care and this has increased her drinking and drug use and her mental health has deteriorated. She is also in an extremely abusive relationship where violence and abuse is a daily occurrence. Connie has previously had around 15 different tenancies and placements in mixed sex supported housing. She will not take responsibility for any household management and has a lot of unsuitable people visiting her when in ordinary accommodation. Connie has been referred to MARAC. She needs psychological input around the loss of her children, her own early childhood abuse and she needs treatment for her addictions. It is felt that Connie needs to be in a women only independent living service for a medium period of time (at least 2 years) to work on the range of needs that she has to break the cycle of trauma and substance use.

1.4.20 Case study 4. John.
John is a 45-year-old man who suffers with depression and suicidal thoughts and has a long history of substance misuse. He had to have his right leg amputated as a result of intravenous drug use and uses a wheelchair. Additionally, he has ulcers from time to time on his left leg and nerve damage to both hands. He is also HIV positive and regularly leaves needles lying around. In his younger years he spent a number of periods in prison. He cannot read or write.
John has a social worker from the Forge Team. However, John is exceedingly difficult to engage and they struggle to find him appropriate accommodation to meet his needs.

Over the last 5 years he has had 11 placements, some just for a few nights. His behaviour prohibits him from many care facilities and due to his wheelchair use and need for accessible accommodation it has been even harder to find an alternative appropriate placement for him. John has been assaulted several times and his cashpoint card was stolen and his bank account emptied. The police and SYFR have been called to the property, but John is afraid to report anything due to the threat of repercussions. John is again self-harming. The social worker feels that he cannot protect himself and he needs a longer-term independent living service which has 24 hours supervision and monitoring.

1.4.21 Current Services and consideration of service needs.

1.4.22 The Council is developing a number of interventions and services which will work as part of an overall strategic approach to better meet the needs of people with multiple and complex needs. These services include:

- A new multi agency service, funded through an innovative *social impact bond* which will go live in 2021, providing assertive outreach and keyworking services to 200 people with complex needs. This team will not provide accommodation based support, so the services outlined in this report will provide additional supported accommodation for a small proportion of this group of people who really need it and where other housing options are unavailable.
- As part of the Rough Sleeping 'Everybody In' initiative in response to the Covid-19 pandemic the Council has provided short term accommodation to 130 people who were sleeping rough. As part of the future housing and support options for all of these people the Council and Partners are developing an Exit Strategy to continue to provide short term housing and move on sustainable options. The most complex needs will be met for c30 via a Housing First Model that will commence in October 2020. This will be a housing led offer that will provide a general needs tenancy in social housing mainly for the most entrenched rough sleepers who have the most complex needs. Intensive housing support will be provided and health, care, community safety and voluntary service have committed to providing wrap around support.
- A wider strategic review of Adult Social Care provision will consider service developments and service responses to people who historically would not meet the threshold for formal packages of care, but who nonetheless have high support needs and for whom a coordinated range of support could prevent their needs escalating.

1.4.23 As outlined in the report above, many people in this group have needs relating to mental health and substance misuse, and wider care needs such as wound care or use of mobility aids. These health and care

services find it difficult to engage and effectively treat people who move around and have no settled home. Providing a more effective and supported living environment will enable these wider services to more effectively engage with people who need them. Successful providers will be required to show capability in providing effective support and ability to form strong partnerships with wider health and care services.

1.4.24 It is clear from the needs assessments undertaken that a single service alone cannot meet all the needs of this group of people. A mix of service provision offering choice and flexibility is needed, coordinated by a keyworker but offering more intensive support for those that need it, and accommodation based solutions where necessary with 24 hour support.

1.4.25 The Council currently commissions three short term supported accommodation services where people are placed, but as this started off as a homeless provision the service model and short term duration of the provision (usually 6mths to 1 year) means that people often end up moving around the system without an effective service that meets their needs for as long as they need it. On average, over a five-year period, people had 7 placements, including their own tenancies which they subsequently lost.

1.4.26 Two services that work with this client group have given notice to end in November as they agree that these models are no longer suitable. This presents us with the opportunity to recommission something new which will provide better outcomes for their support and social care needs. The current service models, however, clearly are not meeting the needs of this difficult cohort of people. Therefore, there is now an opportunity to use the funding to commission new and more effective models of service. This will enable the development of new longer-term bespoke services around the client's care and support needs and their mobility needs so much of the accommodation needs to be wheelchair accessible, particularly in the scheme for people with longer term needs.

1.4.27 This report considers in more detail the need to develop new enhanced models of service for people with complex and long term co-occurring needs who are highly unlikely to live on their own independently, but would struggle in general models of care homes or sheltered accommodation. A need for in-reach drug and alcohol support and mental health support will need to be considered.

1.4.28 Recent learning from the current covid crises, has also been considered. For example, there is a need for people to have self contained accommodation with their own bathrooms, kitchen facilities, (currently this is not always the case). Infection control and a need to assess business continuity plans will also be required.

Cost benefit

1.4.29 Research and cost benefit analyses, for people in this cohort, estimates that the annual cost in terms of service impacts across the health and social care, criminal justice and housing economy per person to be between £40,000 and £45,000 per person per year. Delivering better, more intensive and consistent support (and supervision) to this group of people will result in reduced demand on wider social care, health and criminal justice services in the City, as well as better outcomes for the people themselves.

1.4.30 The report sets out the principles which we wish new services to adhere to.

1.4.31 Independent Living Needs

1.4.32 The current services accommodating and supporting the most complex people are short term and due to the design of the buildings and accommodation alongside the model are not meeting the needs of the whole cohort. Sheffield needs a more flexible model of independent living to cater for the range of needs of this particular complex group.

1.4.33 What are the issues?

- The existing provision has grown from a 'homeless hostel'/accommodation type model, but the needs of the client group are increasingly related care and support. Their homelessness is a symptom of a wider and more entrenched combination of challenges and behaviours, rather than the 'problem' in itself. The support model (including staffing, training, intervention models) need to be focused on care and recovery and towards living as independently as possible.

- Some current blocks of flats, although suitable in terms of bathrooms, are not designed to manage the access to the building from the public. This results in congregations of complex residents in the building, an inability to move people out and an increase in violent and risky behaviour including shared drug use and criminal activity. The blocks also house too many people in the same location. The risks are high to both the residents and to staff. Any new schemes need to be smaller, have access control and ability of staff on site to enforce this.

- There is not enough accessible accommodation for people who have many disabilities including wheelchair users who have had amputations and renal and liver problems following years of chronic drug and alcohol use.

- For those people who want and need 24 hour supported

accommodation to support their safety or their care needs there are too few suitable units.

- We have no specialist model of accommodation with care and support for people who will not be able to live independently in their own home without on-site support, where health concerns and their vulnerability to exploitation and having their home 'cuckoo-ed' (their home taken over by criminals posing initially as friends) make living in a single home without onsite support quite difficult.

- We need to maintain good specialist provision for women with 24 hour support. The current service has been in existence for 4 years and evidence shows that some women succeed and develop resilience and independent living skills when they live in single sex provision.

- Sheffield has a number of palliative care beds and hospice services for end of life care. However, the services are not designed for people who have inadequate accommodation and lifestyles that include continued alcohol and drug use which complicates this situation. As a result, these people either stay in hospital for long periods of time or they die in unsupported situations or in services where staff are not trained to manage end of life support.

- We want to ensure choice of provision to meet a range of needs, and, flexibility to accommodate all gender and couples. The Commissioning process we undertake will specifically invite innovation and alternative models of delivery which have evidence of delivering good outcomes.

- The services we currently commission have 53 units of supported accommodation across the three projects. Our proposal is to now commission between approximately 45 and 60 new units in new service models. Exact numbers will be negotiated as part of the tendering process. The recommended services will focus on those with the highest needs and highest risk in terms of needing residential or higher intensive care and support, repeat homelessness or incarceration. New service models will reduce the level of churn around a range of services and provide a more appropriate and settled home for people, whilst still aspiring to enable people to move to more independent models if they recover, and by providing a long term response for those who need it.

1.4.34 Principles and requirements of any new service

- Services must be linked to trauma informed practice and the psychology service case formulation, care needs, sexual health, drug and alcohol recovery services, community nursing,

occupational therapy, mental health crises planning and domestic abuse safety planning

- Services must understand psychological informed practice, the impact of adverse childhood experiences and harm reduction
- Services will be strengths based, allowing people to identify their own goals, build on their own strengths and integrate into their community.
- Prevent people from needing increased social care or becoming homeless.
- Reduce loneliness and isolation
- Reduce self-harm
- Protect from harm including exploitation and cuckooing of people's home
- Personal attributes of staff including training, remuneration, turn over
- Range of and frequency of activities, to provide meaningful activities, develop confidence and reduce loneliness and isolation
- Emotional support and access to mental health provision
- Support for medication management
- or support cooking of meals dependent upon a person's ability
- Gender appropriate services and staff
- Strong partnerships with a range of agencies and the community
- Be able to manage risks including violence, accessibility, risks of self- harm, use of substances, sharps and anti-social behaviour
- Any 24 hours service provision must have controlled access, allow domestic pets, be able to respond in an emergency, reduce loneliness' and isolation at night
- Not develop a mutually co-dependent community based on exploitation and communal harm
- All properties to have self-contained bathroom facilities and have policies suitable for infection control and safety of residents and

staff

- Build upon community assets
- Support should be aspirational to enable people to meet their potential and move on where appropriate, therefore time span of the support should be flexible and recognise that for some people it will be long term
- Access to services will benefit from a panel approach with input from relevant officers and managers from health, social care and housing. This model works very well for the mental health services and ensures those people with the most needs are prioritised for the services.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 This proposal will provide more stable and lasting specialist support for a small but significant group of people in Sheffield with traumatic histories and life-time exclusion. Providing intensive care and support and suitable well managed and supervised accommodation will have a positive impact on the health and well being of people with chronic health conditions, addictions and mental ill health. It will enable people to begin a journey of recovery from challenging life experiences, coordinate support services and reduce unplanned demand on wider services such as emergency NHS and community safety services.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 Consultation with service users has been undertaken over the last two years to explore what is important to this client group, and more recent consultation has taken place as a result of the Covid-19 response. There are a number of issues that are important to customers in regard to services delivered. Of key importance to people is: the relationship with their support worker, showing respect, consistency and duration of support, and not having to change support workers or retell their stories. Most said that their support ended when they felt it should carry on for as long as they needed it.

3.2 There is a range of views on the type of accommodation they live in some preferring shared provision and some preferring their own accommodation with longer term support. Some people wanted support to keep other people out of their properties. Choice and length of service were important, as was on site support.

3.3 Activities are also important, both structured recovery courses that run over several weeks and practical activities such as going for group walks with the support worker or wide-ranging activities on site. Food

was raised as important, some people wanted food cooked and prepared for them and others (the more capable) wanted access to kitchens. People also value in-reach services into the schemes from e.g. GPs, and would like easier access to drug and alcohol and mental health services.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 An equality impact assessment has been carried out on this proposal and there are no negative impacts. There are very positive impacts for customers with complex and multiple needs, in particular those with disabilities, chronic health conditions and addictions. It also benefits a small number of people within this cohort who are aging and currently do not have a suitable long-term support, care, and accommodation resolution. One element of the proposal has positive impacts for women with complex and multiple needs.

4.2 Financial and Commercial Implications

4.2.1 **Budget and funding options**

The Current budget available for future services is £677,000. Funding from the planned closure of the two services will be utilised. It is estimated that the costs of providing new service models ranges between £627,000 and £727,000 depending on the model and number of people supported, as well as the market response.

The models brought forward by suitable and qualified providers which best meet the need of service users will determine the final costs and we will aim to provide the support services within the £677,000 per year budget.

4.2.2 All evidence states that no time limit on the length of service works best, and the support costs will be guided by the requirement to provide more intensive support.

4.2.3 All negotiations will focus on enabling best value and allowing for as much flexibility as possible to allow for changes in demand, residents needs and wider strategic developments, for example we may see an increase in the number of people to be supported as the services develop. This will be attained by enabling an increase in move on where it is appropriate, some flexibility of model to allow for an increase and, if resources allow, to commission additional provision if need continues.

4.2.4 The procurement process will be governed under the light touch regime (under the procurement regulations) and we will use a negotiated procedure which enables the Council to harness the expertise and innovation from experienced providers and also leaves significant flexibility in the lifespan of the contract to vary as needs change.

4.2.5 Informal feedback from local providers is that there are a number of providers capable of developing and delivering these services who are enthusiastic about supporting this client group.

4.2.6 Where providers might need to use their resources to source suitable accommodation confidence in providers to do this can be encouraged by the offer of a longer length contract for example 5 or in some cases10 years. This will be balanced against the need to ensure a flexible approach which can change in response to changing and emerging needs and demands. Officers will work with legal and commercial services to agree the right approach through the Commercial Process and ensure that the final contract length is balanced with relevant review points and break clauses.

4.2.7 The Council will mandate the real living wage in all contracts. New contracts will be evaluated on price and social value as well as quality to ensure that we are not suppressing market rate. Through the procurement process providers will be encouraged to offer added value to supplement the service, for example through specialist expertise not available to the Council or through additional resources which can be brought to support the service delivery.

4.2.8 The Procurement Strategy will be developed in line with the ambitions set out in this report. An essential component of the commercial approach will be one which allows maximum flexibility, so that services can flex and respond to the changing needs of the client group, and as our understanding and evidence base develops. Our understanding of the post-Covid world is developing all the time and we need an arrangement that is responsive to this, and will seek delivery partners who are willing to take a flexible approach and can work collaboratively with us over the duration of the contract as needs change or emerge.

4.3 Legal Implications

4.3.1 The proposals in this Report will assist the Council in meeting its statutory duties under Section 2 of The Care Act 2014 to provide or arrange for the provision of services, facilities or resources or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support and reduce the needs for care and support of adults in its area. It will also support our duties under the Homelessness Act.

4.3.2 This arrangement will enable Social Care Access and Prevention staff, who regularly work with people in crisis, who have Housing, Care and Support needs, to discharge duties suitable to the needs of the client

group.

4.3.3 To support and enable this group of people, specialist independent living arrangements are required along-side multi-disciplinary support for the providers. Without such a service, people will either continue to die early or require higher levels of health and social care. Social care providers find this cohort of people too difficult to manage along-side other frail vulnerable people and this can result in people being discharged from hospital into unsuitable environments.

4.3.5 This proposal will contribute to the delivery of wider Council Statutory duties, for example the promotion of health and wellbeing, duty to reduce and tackle crime and disorder as well as its duties to prevent homelessness.

4.3.7 Depending on the outcome of the negotiations, TUPE may apply in some cases. This will only be known after the negotiation phase of the procurement and finalisation of the specification. Where TUPE might apply appropriate timescales will be included in the overall project timetable to allow for providers to mobilise.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Consideration has been given to tendering for services in fixed blocks of accommodation against a very detailed specification with price as the lead factor. This option has the benefit of bringing stable provision for a range of clients who struggle to live independently. However, to specify too stringent a model, too early, would not give the flexibility to explore different market options to bring in innovation and choice and offer solutions that we may not have considered yet.

5.2 The current services could be allowed to close and not be replaced, and we could not take the opportunity to commission services that have been identified in the needs' analysis. This would save the Council immediate funding but would result in higher costs further down-stream in care, housing and community safety, and there would then be no suitable services for this client group. More importantly we would not be providing good quality services to support recovery and independence for people with specific needs, and in addition who are socially excluded.

5.3 Consideration has been given to the potential for the Council to establish new provision and run it directly. However, the Council's housing service are having to accommodate a higher number of people who would otherwise be sleeping rough following the Covid Outbreak and new requirements, as well as finding alternative temporary accommodation. Needs for new services are high and any new developments through the Next Steps funding for rough sleepers will be part of a separate and wider requirement to offer choice. Social care managers are already concerned about the lack of provision for this

client group. There are a number of good external partners who would be in a position to bring innovation quickly to a commissioning process and secure new accommodation unavailable to the Council. The recommendation therefore is that this project commissions externally, as part of a wider strategy for support and housing which includes new provision being also developed by the Council.

6. REASONS FOR RECOMMENDATIONS

6.1 The approach set out in this report will enable the development of specialist services to fill a gap in care and support provision for people with complex needs for whom current services have not been able to support effectively

6.2 It enables the Council to consider the experience, innovation and resources that can be brought into Sheffield from the wider market. It enables services to be provided quickly and timely considering the current service end dates.

6.3 The services will form an essential part of a wider strategic response to people with complex needs and will compliment internal and external services.