Future Commissioning Arrangements for Floating Support Services

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INTRODUCTION

Lancashire County Council is required to save £300 million by 2017/18, consequently Cabinet has decided to reduce the Supporting People budget by £4 million from 1st April 2015. This document outlines the proposed budget and future commissioning arrangements for floating support services, with the exception of services for high risk offender and Family Intervention Projects, and will be shared with providers and other stakeholder. Feedback will be sought over the coming months.

BACKGROUND

Since the Supporting People funded floating support service were reconfigured in 2007, there have been a number of changes to the wider context:

- Public health services have been absorbed into Lancashire County Council;
- There has been a significant increase in the focus on community asset based approaches to delivering services;
- The financial context has changed and the Supporting People budget is in the process of being reduced by around 25%.

In 2007, floating support services were reconfigured into three geographically based generic contracts: North, South and East. The East Contract is delivered by Calico Enterprise and the DISC Partnership delivers the North and South Services. DISC works in partnership with the following sub-contractors: Together, Lancaster and District Homeless Action, Richmond Fellowship, Lancashire Mind, North West Community Services, South Ribble Key, Lancashire Young Homeless Project, Preston Women's Refuge, West Lancashire Women's Refuge, Progress Care, Methodist Action, and Empowerment

CURRENT PROVISION

Service Description

The services deliver a visiting support service including; floating support, resettlement support and outreach support.

Floating support

Short to medium term visiting support aimed at helping vulnerable people who have:

- moved into independent housing and require support to develop the skills required to maintain their accommodation (i.e. follow on from resettlement support);
- been living independently and are at risk of losing their accommodation unless support is available.

Resettlement support

Short term visiting support service aimed at helping vulnerable people who are:

 moving on from refuge/supported accommodation or other temporary accommodation (such as rehab, prison, hospital) into independent housing;

• already living independently and are moving to a different property.

Outreach support

Short term visiting support service aimed at helping vulnerable people who:

- have difficulty engaging with services and require more intensive support to access more stable accommodation;
- are actively engaged with services, but have not been made an offer of accommodation and need assistance to find housing;
- are being supported in dispersed temporary accommodation as part of the District Council's duty under the homelessness legislation.

Outreach support accounts for up to 10% of the contracted hours

Support delivered

- The service is available to support vulnerable people living in all tenures of accommodation (i.e. owner occupation, private sector tenancies, social housing etc.).
- A total of approximately 3320 hours are commissioned per week (173,055 per year) which translates into approximately 1250 people being supported at any one time
- The average duration of support in generic floating support service is 4 5 months

Performance

Appendix A provides an overview of the performance data including information on age, sex, disability, ethnic origin and primary/secondary need. A fuller breakdown has been included in the Equality Analysis

Outcomes

Table B provides information about the performance achieved in relation to the following outcomes: Be Healthy, Stay Safe, Economic Well-being, Enjoy and Achieve, Positive Contribution. North West data has also been included to enable a comparison in terms of the proportion of people needing assistance with specific areas of support and the proportion of those people who have a positive outcome.

Table B demonstrates that services are performing well when compared to other floating support services within the North West.

Further analysis will be undertaken at a client group level during the period of the consultation

LOCAL CONTEXT

Integrated Well Being Offer and Service

There is an overarching ambition to have an Integrated Well Being Offer. The development of the "Offer" will involve different phases and will aim to encourage wider participation from other partners. One element of the "Wellbeing Offer" is the development of an Integrated Wellbeing Service focussing on LCC Public Health and Adult Social Care wellbeing services. This service will enable a more joined up system that helps people access the right level of support for their needs to help them maintain health, wellbeing and independence.

The Integrated Wellbeing Service will support people to address the factors that influence their health and well-being and build their capability to be resilient and maintain good health for themselves and those around them. This involves taking a holistic approach that addresses physical, mental, social wellbeing. A single point of access or 'front door' which prevents people from having to negotiate a range of entry points, will simplify referral pathways and make access far easier.

 INTEGRATED WELLBEING SERVICE

 Supporting health, wellbeing and independence

 TARGETED /MORE SPECIALIST / CLINICAL/REFERRAL BASED

 OPEN ACCESS/UNIVERSAL BASED

 OPEN ACCESS/UNIVERSAL SERVICES/ EARLY INTERVENTION/ CONNECTION TO COMMUNITY ASSETS

 FOUNDATION-WIDER DETERMINANTS /CAPACITY BUILDING

A diagram showing the service is included below

- The bottom section represents the underpinning foundations of the Integrated Wellbeing Service and the determinants of health
- The second tier of the Integrated Wellbeing Service represents universal wellbeing and prevention services which are aimed at keeping people well, are generally available to all, or aimed at specific groups or communities – this will be the core service
- The third tier represents targeted services. (We are proposing that floating support will fit within this element of the model)
- Critical to the Integrated Wellbeing Service is a single point of contact, and holistic assessment, where people with a whole range of needs can be helped to access the right support.

Consultation will be undertaken with members of the public, district councils and providers regarding the proposed new Integrated Wellbeing Service.

Asset Based Approaches

Lancashire County Council is committed to developing asset based approaches to working with communities

The overall goal of the adoption of community assets approaches into public services in Lancashire is to enable communities use their skills, strengths and capacity to build stronger, confident and resilient neighbourhoods. It is anticipated that assets-based approaches will lead to the following improvements:

- Increased social connectedness
- Increased participation in community life
- Increased perceptions that people can call on friends and neighbours to help out in a crisis
- Increased satisfaction with the local environment
- More people feel they are able to make decisions about their lives
- Increased mental wellbeing
- Improved physical health
- Increased self-reliance
- Reduced need and demand for public services

We would therefore seek to explore how asset based approaches may be able to mitigate the effect of the reduction in funding as outlined below.

PROPOSAL

The proposal is to reduce the funding of generic floating support provision from £2.8m to between approx. £1.2million and £1.5 million

We are proposing to procure floating support as one of the targeted services within the Integrated Well-being Service shown above with a view to realising the following benefits and mitigating some of the impact of the reduction in funding:

- Locating floating support as part of a clearly defined well-being service where roles and linkages are specified will enable the reduced capacity of floating support services to be appropriately targeted
- The single point of access which is proposed as part of the Integrated Well Being Service will provide a triage function for the floating support services, thereby reducing time spent by the floating support services on inappropriate referrals and assisting citizens to access the most appropriate local services
- Asset based approaches will underpin the vision for the new Integrated Well Being Service, consequently the role of volunteers and peer support will be clearly embedded and defined in the new framework
- In determining the future specifications for floating support services, we need to consider which tasks must be delivered by specialist housing support staff and which elements may be able to delivered by volunteers e.g. assisting individuals to access local community services

- Clear systems will be put in place to refer people to other services or volunteers/peer support enabling housing support to be clearly targeted around prevention of homelessness. This may mean that individuals:
 - could be referred to an alternative service when they first make contact
 - could be referred to floating support and a number of other services for help with different aspects of their life
 - may be referred to other service or volunteers for assistance with other longer term or less specialist support needs once the housing support issue has been resolved

PROPOSED FUTURE COMMISSIONING ARRANGEMENTS

Procurement

It is proposed that floating support contracts are awarded via a mini competition from the Supporting People Framework Agreement.

Specification

Over coming months LCC will work with local stakeholders, providers and citizens to determine how the floating support services should be targeted given the reduced capacity. This will include defining the following:

- Service outcomes
- Client groups
- Referral routes
- Types of support to be provided
- Eligibility criteria
- Prioritisation process
- Duration of support
- Geographical coverage
- Promotion of service to people who are hard to reach

In addition, discussions will be held with a range of commissioners and stakeholders with a view to determining which client groups will be supported through a generic service model and which services will be procured through alternative arrangements. In the event that it is decided to procure services for other client groups through other approaches, the funding for the generic service would be reduced accordingly

NEXT STEPS

- Seek Cabinet Member approval to consult
- Undertake consultation with providers and stakeholders feedback required by end of September 2014
- Define fully the future model of service delivery in conjunction with stakeholders providers and citizens
- Seek Cabinet Member approval to final recommendation following receipt of consultation feedback

Future Commissioning Arrangements for Floating Support Services

- Tender services in the Autumn from the Supporting People Framework Agreement
- It is anticipated that the new contracts will take effect from April 2015 or July 2015 at the latest

GENERIC FLOATING SUPPORT SERVICES

Client Record Data	Total	Total %	
	2015		
Age			
Missing	1	0%	
16-17	37	2%	
18-24	447	22%	
25-31	377	19%	
32-38:	325	16%	
39-45	332	16%	
46-52	254	13%	
53-59	148	7%	
60-64	35	2%	
65-69	34	2%	
70-74	11	1%	
75-79	9	0%	
80+	5	0%	
Sex			
Male	640	32%	
Female	1374	68%	
Missing	1	0%	
Disability			
Client has a disability:	776	39%	
Client does not have a disability:	1221	61%	
Don't know:	18	1%	
Ethnic Origin			
Missing	2	0%	
White: British	1842	91%	
White: Irish	17	1%	
White: Other	44	2%	
Mixed: White & Black Caribbean	14	1%	
Mixed: White & Black African	1	0%	
Mixed: White & Asian	4	0%	
Mixed: Other	2	0%	
Asian/Asian British: Indian	10	0%	
Asian/Asian British: Pakistani	28	1%	
Asian/Asian British: Bangladeshi	5	0%	
Asian/Asian British: Chinese	1	0%	

Future Commissioning Arrangements for Floating Support Services

Asian/Asian British: Other	7	0%
Black/Black British: Caribbean	6	0%
Black/Black British: African	5	0%
Black/Black British: Other	4	0%
Other ethnic group: Arab	2	0%
Other ethnic group: Other	11	1%
Gypsy/Romany/Irish Traveller	6	0%
Refused	4	0%

	Prin Clie	nary ent	Secondary Client	Total	
	Gro		Groups		
Older people with support needs:	68	3%	23	91	
Older people with dementia and mental			4	10	
health problems:	6	0%			
Frail Elderly:	1	0%	3	4	
Mental health problems:	353	18%	264	617	
Learning disabilities:	68	3%	42	110	
Physical or sensory disability:	120	6%	105	225	
Single homeless with support needs:	130	6%	53	185	
Alcohol misuse problems:	98	5%	102	200	
Drug misuse problems:	87	4%	92	179	
Offenders or at risk of offending:	50	2%	28	78	
Mentally disordered offenders:	2	0%	3	5	
Young people at risk:	166	8%	41	207	
Young people leaving care:	9	0%	1	10	
People at risk of domestic violence:	403	20%	49	452	
People with HIV/AIDS:	1	0%	0	1	
Homeless families with support needs:	178	9%	43	221	
Refugees:	0	0%	0	0	
Teenage parents:	52	3%	16	68	
Rough sleeper:	12	1%	5	19	
Gypsies & travellers with support needs:	7	0%	1	8	
Generic/Complex needs	204 10%		118	322	

Future Commissioning Arrangements for Floating Support Services

LANCASHIRE OUTCOMES (FLOATING SUPPORT)	Identified Need for Support			Achieved Positive Outcome		
2013/14			North			North
	Total	Total %	West%	Total	Total %	West %
	2073					
Economic Wellbeing						
Maximised income	1752	85%	69%	1637	93%	92%
Reduced overall debt	1304	63%	49%	1106	85%	81%
Obtained paid work	245	12%	11%	91	37%	36%
Participated in paid work whilst in receipt of service	245	12%	11%	99	40%	43%
Enjoy & Achieve						
Participated in training/education	564	27%	22%	380	67%	75%
Achieved qualifications	306	15%	7%	77	25%	73%
Participated in Faith/Culture/Faith/Learning	741	36%	21%	644	87%	84%
Participated in work-like activities	250	12%	11%	157	63%	70%
Established contact with external groups/services	1466	71%	62%	1396	95%	92%
Established contact with family/friends	244	12%	18%	226	93%	95%
Be Healthy						
Managing physical health better	974	47%	36%	895	92%	89%
Managing mental health better	1023	49%	42%	916	90%	86%
Managing substance misuse better	436	21%	23%	369	85%	78%
Manage independent living better as a result of the						
assistive technology/aids and adaptions	155	7%	8%	131	85%	88%
Stay Safe						
Maintained accommodation/avoided eviction	1559	75%	53%	1475	95%	92%
Secured accommodation	1226	59%	57%	849	69%	75%
Complied with statutory orders	270	13%	13%	242	90%	85%
Manage self harm better	170	8%	8%	160	94%	89%
Avoid causing harm to others	195	9%	7%	184	94%	88%
Minimising harm/risk from others	673	32%	25%	628	93%	91%
Positive Contribution						
Achieve more choice & control	1910	92%	73%	1817	95%	93%