**Housing Related Support for social excluded and disadvantaged people - analysis of needs and option evaluation**

To inform our proposals and develop the options, we conducted a needs analysis including the following sources of evidence:

- National context has been reviewed
- Local context has been reviewed
- Local service use data has been analysed
- Analysis of provider survey data: locations, service use, outcomes
- Engagement: qualitative data from meetings and workshops to enrich quantitative data

The evidence base gathered from the needs analysis enabled different options to be developed to achieve the desired outcome (20% saving of total budget with least impact on service users). Six viable options emerged which were then put forward for full appraisal.

| **Option 1:** Joint commissioning model: District and Borough councils take the lead on commissioning Housing Related Support services for socially excluded groups | |
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| **Details** | Adult Social Care budget for Housing Related Support socially excluded groups will be devolved to districts and boroughs. The district or borough will control all funding streams related to homelessness and supported living for socially excluded groups. Surrey County Council commissioners will bring their skills and experience to work closely with districts and boroughs to commission the services required in their areas. |
| **Pros** | • Recognises and promotes local districts and boroughs knowledge and expertise around socially excluded groups<br>• Brings together local funding streams to meet local needs and outcomes<br>• Potential to improve outcomes at less cost<br>• Better control of costs and performance management as budget is managed by Ds&Bs to meet local needs<br>• Promotes local solutions and co-ordination as D&Bs will be able to decided locally what and where services are required<br>• Will enable a focus on more strategic housing outcomes |
| **Cons** | • Might not have oversight of the 'wider picture' in Surrey as focus will be on local issues<br>• Concern about sustainability of funding coming from Surrey County Council<br>• Assumes willingness to pool budgets to meet outcomes |
| **Risks** | • Local buy in to this approach from all stakeholders<br>• May need to decommission some services<br>• Need local discussion with D&Bs and local joint decision making with commissioners – slight complexity where providers work across B&D boundaries |
| **Savings delivered** | £943,575 |

| **Option 2:** Joint commissioning model: Adult Social Care continue take the lead on | |
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| commissioning services and work with District and Borough councils and Health to join up and maximise funding streams related to homelessness, health and supported living for socially excluded groups | |
| **Details** | Adult Social Care will take leadership to maximise income streams across all commissioning bodies (districts, boroughs and clinical commissioning groups (CCGs)) for all budgets related to Housing Related Support socially excluded, working closely with D&Bs and CCGs to commission the services required in their areas. Funding streams related to supported living and homelessness prevention will be pooled and led by Adult Social Care. |
| **Pros** | • Engaging health with the agenda <br> • Brings together local funding streams to meet local needs and outcomes <br> • Potential to improve outcomes at less cost <br> • Better control of costs and performance management as budget is managed by D&Bs to meet local needs <br> • Promotes local solutions and co-ordination as D&Bs will be able to decided locally what and where services are required <br> • Will enable a focus on more strategic housing outcomes |
| **Cons** | • Assumes willingness to pool budgets to meet outcomes <br> • Leadership by Adult Social Care does not recognise the local knowledge, expertise and statutory responsibilities held by districts and boroughs <br> • Difficult to persuade CCGs to commit to funding for shared outcomes with other organisations/services <br> • Concern about sustainability of funding coming from Surrey County Council |
| **Risks** | • Local buy in to this approach from all stakeholders <br> • May need to decommission some services <br> • Need local discussion with D&Bs and local joint decision making with commissioners – slight complexity where providers work across B&D boundaries |
| **Savings delivered** | £943,575 |

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| Option 3: Local lead provider model | |
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| **Details** | Each local area would have an identified budget and key outcomes to deliver, with one provider leading on behalf of the other providers.<br><br>A procurement exercise will commence for new services for socially excluded client groups under revised principles, for services to be in place by April 2018. |
| **Pros** | • Assumes willingness of providers to work locally and collaboratively<br>• Recognises and promotes the knowledge and skills of providers<br>• Provides a single point of contact for all clients<br>• One contract will reduce back office charges and overheads<br>• Encourages providers to innovate and find creative solutions to meet local needs and outcomes |
| **Cons** | • Decrease in the choice and volume of preventative services available to Surrey residents<br>• Concerns about lead provider monitoring quality of services to very diverse client groups<br>• If budgets are reduced services may become unsafe and unstable<br>• If lose accommodation base then it will be difficult to get it back |
| **Risks** | • Pathways will need to be clearly defined for referrals to the services and alternative options available for people who still need support but who do meet the criteria<br>• Local buy in to this approach from all stakeholders<br>• May need to decommission some services<br>• Need local discussion with D&Bs and local joint decision making with commissioners – slight complexity where providers work across B&D boundaries |
| **Savings delivered** | £943,575 |

| **Option 4:** Decommission all floating support services | |
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| **Details** | All floating support services would be decommissioned. This includes the generic floating support (Surrey capacity 340), learning disability floating support (Surrey capacity: numbers vary on occupancy, 36 service users as at March 2017) and gypsy and traveller floating support (Surrey capacity 15). |
| **Pros** | • Protection of accommodation based services<br>• Opportunities for districts and boroughs to shape floating support offer to meet their local needs |
| **Cons** | • Impacts on groups with protected characteristics<br>• Decrease in the choice and volume of preventative services available to Surrey residents<br>• Impacts on current floating support providers<br>• Impacts on districts and boroughs who manage the referrals to the generic services |
| **Risks** | • Potential negative impact on districts and boroughs and other services such as Police, social care, health if floating support decommissioned<br>• May lead to increased homelessness |
| **Savings delivered** | £920,258 |

| **Option 5:** 20% off all contracts across the board | |
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| **Details** | Each contract within scope would be subject to a 20% reduction |
| **Pros** | • Perceived equity of saving<br>• Simple to calculate the reduction required |
| **Cons** | • Some larger providers could bear 20% but might limit provision/change eligibility<br>• Could adversely impact smaller providers<br>• Long term risk to sustainability of services offered<br>• Supported living could become more general needs housing and the higher levels of support for the most vulnerable would be lost<br>• Services could become unsafe and unstable<br>• Provision of support would be limited and eligibility changed which could lead to more pressure on carers and other services |
| **Risks** | • Long term risk to sustainability of services offered by providers<br>• Loss of availability of supported living accommodation<br>• Providers have indicated that a 20% cut across all services would be the least favourable option<br>• May lead to a rise in A&E and residential care admissions and could lead to an increase in homelessness, rough sleeping and associated health problems such as substance misuse and mental health issues |
| **Savings delivered** | £943,575 |

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| Option 6: Service rationalisation | |
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| **Details** | • Surrey wide approach to reduce service officer to clients e.g. discontinuity of 24 hours support, reduce the length/duration of support, decommission services that do not meet strategic outcomes, focus on statutory requirements only to support people who meet eligibility criteria, recommission floating support with smaller value and lead provider model |
| **Pros** | • Surrey approach to reaching strategic outcomes<br>• Opportunity to remove any duplication of service offer<br>• Reduce dependency on services by people if service offer is limited<br>• Reduces impact on whole system |
| **Cons** | • Reduces choice and/or access to services for Surrey residents.<br>• Not necessarily locally focused<br>• Long term risk to sustainability of services offered by providers<br>• Reduction in numbers of people supported<br>• Some services would be decommissioned<br>• Services may become unsafe and unstable |
| **Risks** | • Moving people 'off the books' prematurely to meet targets could lead to them requiring support again and returning in a short space of time<br>• Reduction of the type of services offered in the community for people who are vulnerable<br>• Long term risk to sustainability of services offered by providers |
| **Savings delivered** | Further work required to estimate this |

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**Appraising the options**

The proposed options were shared with the stakeholders and were asked for their feedback on which option they preferred and least preferred. The results are listed below.

| | First preference | Second preference | Third preference | Fourth preference | Fifth preference | Least preferred |
|---|---|---|---|---|---|---|
| **Option 1:** Joint commissioning model: District and Borough councils take the lead on commissioning services | 7 | 14 | 5 | 4 | 2 | 6 |
| **Option 2:** Joint commissioning model: Adult Social Care continue to take the lead on commissioning services | 19 | 6 | 6 | 5 | 2 | 1 |
| **Option 3:** Local lead provider model | 2 | 5 | 11 | 5 | 6 | 6 |
| **Option 4:** Decommission all floating support services | 2 | 6 | 5 | 10 | 2 | 11 |
| **Option 5:** 20% off all contracts across the board | 1 | 1 | 5 | 8 | 17 | 9 |
| **Option 6:** Service rationalisation | 10 | 6 | 3 | 4 | 7 | 5 |
| **Option 1 & 6** | 0 | 1 | 1 | 0 | 0 | 0 |
| **No responses** | 9 | 12 | 14 | 15 | 15 | 12 |
| **Totals** | 50 | 51 | 50 | 51 | 51 | 50 |

**Option 1: Joint commissioning model: District and Borough councils take the lead on commissioning services**

Consideration of this option has received the fourth highest votes.  However, the three main concerns expressed were: the lack of capacity or skills to lead on commissioning within the B&Ds; the focus of services will be localised instead of countywide and that SCC would seek further savings in the future which would make providing these services much more difficult for the B&Ds.

**Option 2: Joint commissioning model: Adult Social Care continue to take the lead on commissioning services**
Consideration of this option has received the highest votes and was the most popular option. However, in order to meet the objective of achieving the 20% savings, maximising the funding streams from borough and districts is a must to deliver joint commissioning.

**Option 3: Local lead provider model**
Consideration of this option has received low votes.  The main concerns were with identifying a provider with the capacity and expertise to manage such a contract.

**Option 4: Decommission all floating support services**
Consideration of this option has received low votes. The main concerns were that it is a prevention service and by decommissioning it could lead to increase in homelessness and a strain on other services such as Health and Police.

**Option 5: 20% off all contracts across the board**

Consideration of this option has received the lowest votes. The main concerns were around sustainability/safety of services provided and the risk that some smaller providers would not be able to continue to trade.

**Option 6: Service rationalisation**
Consideration of this option has shown it to be the second most popular option. Most agreed that this option combined with elements of other options would be the best way to achieve the 20% savings target.

**The preferred option**

Of the six options evaluated, most stakeholders preferred option 2: the option for adult social care to take the lead on a joint commissioning approach to Housing Related Support socially excluded groups. Given each district and borough is in a different position regarding joint commissioning of services, we have also looked at option 6: service rationalisation as a way to achieve our savings target.

In conclusion, a blended solution of **options 2 and 6** would be the preferred solution to achieve the 20% savings target. The following table illustrates our proposal for achieving this.

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| Category | % saving | 17/18 Budget | Savings in 17/18 | Savings in 18/19 | Forecast savings |
|---|---|---|---|---|---|
| Savings already achieved | | £128,800 | -£66,400 | | -£66,400 |
| Decommission services that are not strategically relevant | | £122,262 | | -£89,311 | -£89,311 |
| Floating Support - Generic | 50% | £828,817 | | -£414,409 | -£414,409 |
| Floating Support - Specialised | 20% | £91,448 | | -£18,290 | -£18,290 |
| Accommodation Based Support and Supported Living | 10% | £1,558,455 | | -£155,846 | -£155,846 |
| Accommodation Based Support Single Homeless | 10% | £1,988,093 | | -£198,809 | -£198,809 |
| TOTAL | | £4,717,875 | -£66,400 | -£876,664 | -£943,064 |

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| Saving Target | -£943,575 | |
| Forecast savings in model | -£943,064 | |
| Variance to saving target | £511 | Shortfall |