

**A New Approach to Commissioning
Services for those with needs
around Homelessness, Domestic
Abuse, Sexual Violence and
Substance Misuse**

**Options Appraisal
August 2019**

1. Introduction

To accompany proposals around the Medium-Term Financial Plan savings target identified through Change Programme 3.0, an options appraisal has been undertaken to identify the best approach to commissioning services to support those with needs in relation to homelessness, domestic abuse, sexual violence and substance misuse, to meet the demands of these services and to avoid the duplication of current provision.

2. Background

Middlesbrough Council commission a broad range of statutory and non-statutory interventions for people who have support needs in relation to homelessness, domestic abuse, sexual violence and substance misuse, and may also have support needs around social care, mental health, offending and risk of exploitation.

These areas of vulnerability and need are acknowledged as having significant overlap. Current support services are delivered by a wide range of providers; whilst this brings the benefits of a wide range of knowledge and expertise it creates the potential for a lack of coordination across services. Some service users will still need to access a range of different services – no one service will be able to meet needs of complex individuals. Sometimes this can lead to duplication, particularly if a person needs to work with a number of different services. Communication and oversight over the case is not always robust and currently there is no single, shared assessments or plans for service users, so both services and the service user are not always clear around who is the lead professional.

Since 2017 work has been undertaken with commissioned and non-commissioned services, service users and stakeholders to gain a deeper understanding of homelessness, domestic abuse, sexual violence, and substance misuse in Middlesbrough. Alongside Strategic Needs Assessments for Domestic Abuse and Homelessness which were completed in 2017 and 2018, there have been several engagement sessions, co-design workshops and face to face discussions held, involving service providers, statutory and other interested agencies, service users and carers, young people and families, inviting them to engage with the process.

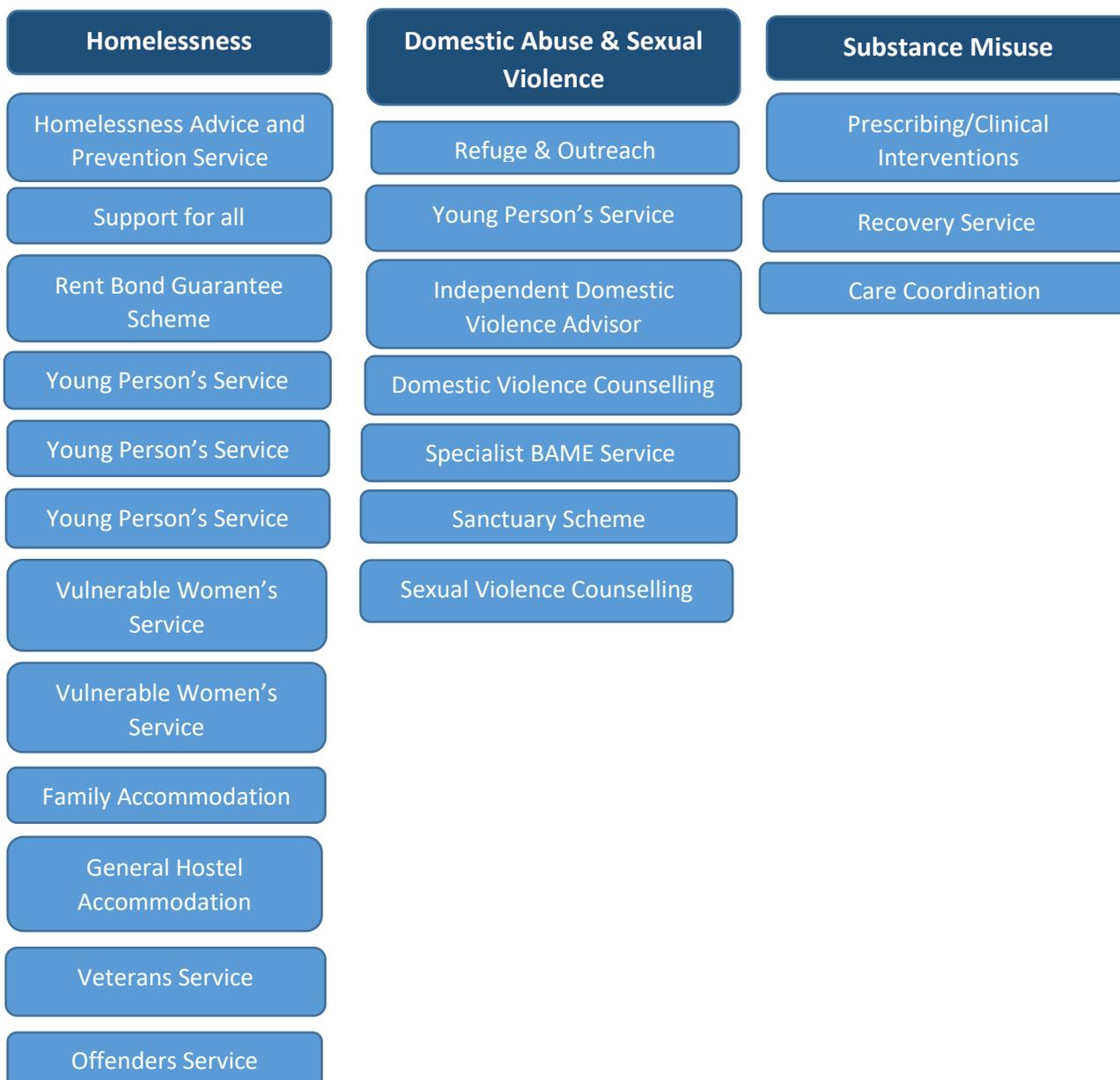
This information, in conjunction with evidence and best practice from the Safeguarding Adult Review (SAR), Domestic Homicide Review's (DHR) and other local authorities has informed the design of a new approach to commissioning these services which will help form part of an Integrated system in Middlesbrough. The proposal is to develop specifications to commission services so they form part of a 'whole system' approach so all services providing support in relation to homelessness, domestic abuse, sexual violence and substance misuse are interconnected and form part of the integrated system. We anticipate this will improve the experience and positive outcomes for individual service users and their families.

In the short-term (2020-23), we will review and remodel commissioned services across homelessness, domestic abuse, sexual violence and substance misuse to establish a more effective way of delivery for those individuals accessing services, whilst establishing system interfaces with Adult's and Children's Social Care, Public Health and mental health

services. Longer-term we will explore opportunities for joint-commissioning with other statutory providers and commissioning bodies so the integrated system can be further developed across a wider range of services, providing support for vulnerable adults.

2.1 How we currently commission Services

Across homelessness, domestic abuse, sexual violence and substance misuse, Middlesbrough Council currently commissions 22 individual contracts, all with their own delivery objectives, performance measures, access points, assessments and outcome measures. See diagram below for a breakdown of these contracts.



3. What have we learnt?

From needs assessments, stakeholder engagement and performance monitoring, we know the following:

- People with needs in relation to homelessness, substance misuse, domestic abuse and sexual violence are mainly being supported by a system rather than an individual service.
- The current systems for these services are systems by default rather than by design. They were not developed to account for the intersection between them and any concurrent social issues that may exist such as trauma, mental health, poverty.
- Issues have been identified across all systems in respect of service user engagement, coordination, retention and positive outcomes.
- Impacts of the current system means that both human and financial costs escalate as people repeatedly re-enter the system at more costly intervention points, such as A&E, prison or emergency units
- Many services and contracts have been unchanged for many years without being evaluated or accounting for changes in Middlesbrough. Likewise we had little information about what services work well, why and for whom.
- Many services and contracts exist offering a range of interventions but they are unconnected. SAR's DHR's have identified the need for a more effective community coordinated response, particularly for those residents with multiple needs.
- Multi agency communication and collaboration needs to be improved and mechanisms are needed to embed this.
- We have no clarity on interconnections in the systems, which meant attempting to fix one part of a complex system created unexpected problems downstream re capacity/demand
- There was little ability for providers to experiment/ share or adopt innovations - mainly because of prescribed contracting but also because funding streams are no longer available
- Services can be disempowering for residents, allowing them little participation in decisions. Poor coordination between services; service users find pathways confusing, overly directive, as well as wasteful and disconnected
- Responses can be inappropriately confined to 'one off' single issue interventions. Opportunities for early intervention with potential to avoid further escalation or crisis are missed.
- Levels of demand, across some providers is increasing and is not resourced appropriately. Demand is shunted from one area of responsibility in the system to another.

4. What have we done?

4.1 Systems Mapping

Through a series of workshops and consultations we have identified and mapped the components within the system to understand how they currently interconnect, relate and act. The mapping process was intended to build a collective understanding of the relationships between the parts leading to a view of the whole. The insights from mapping have been used to plan and develop the interventions and activities that will change the system in the most effective way. The workshops aimed to bring the whole system (DA Homelessness, substance misuse and SV provision) into ‘one room’ so the capacity to understand and explore the issues are spread across the system. It was evident that stakeholders share aspirations but have different perspectives and priorities. It is important therefore that we have developed insight into roles and relationships within the system.

4.2 Planning modelling and implementing change

Information from the consultation has been used to plan change. System mapping has helped identify leverage points which will become the focus of interventions, aimed at generating change and targeting resources to where they will have the most effect. Leverage points can then also become areas of common focus across stakeholders – all working together in areas that will have mutual benefits and shift outcomes towards the desired direction.

Benefits of Integrated System	Barriers to Integrated System
<ul style="list-style-type: none"> • A broader range of services that are offered beyond the initial crisis period • Improvement of the professional knowledge base and relationships between service providers • Facilitation of responsive and prompt decision making • Increased agency collaboration on case management • Provision of multiple entry points for clients to access support 	<ul style="list-style-type: none"> • Power imbalance between agencies • Lack of common ground between perspectives and disciplines • Privacy concerns for service users • Unsustainability due to resource limitations – unanticipated outcomes may arise from increased collaboration if there are insufficient resources or services to meet the demand
Benefits of system change	Barriers to system change
<ul style="list-style-type: none"> • Process of continued improvement • Sustainable and positive outcomes • Transformational • Makes complexity visible and understandable • Complex problems require complex solutions 	<ul style="list-style-type: none"> • Siloed approach resistant to change • Uncertainty of the new and low appetite for risk’ costs of change • Getting on the same page • Takes time • Difficult to articulate complexity at first

5. A new approach to commissioning services

To move towards a more integrated approach, it is imperative that new contracts interconnect and provide integrated support as a seamless system, which should feel to the end user as if it's a single service. This system will focus on removing blocks or process issues so it can be timely and responsive to changing levels of need. It will share information in the best interests of the service user and work with them in a consistent way so risk becomes a shared responsibility. A professional, suitably skilled workforce of generic and specialist roles, will support people through a range of interventions that support the whole person through a collaborative "whole systems" approach and have a focus on delivering better outcomes.

The system will establish a robust referral pathway between providers working across homelessness, domestic abuse, sexual violence and substance misuse and operate a 'no wrong door' principle. The service configuration to develop this will transition from multiple 'unconnected' services and contracts to a developed infrastructure which will embed an integrated system. The providers who form part of this system will work in collaboration and be proactive, flexible and solution focused in their approach. They will need to be committed to continually working with Middlesbrough Council to ensure that the system is fit for purpose and continually developed to reflect the changes in the local and national commissioning landscape.

5.1 Principles of an Integrated System

- Making every contact count;
- Person-centred assessment and planning;
- Clear, collaborative and responsive offer of support or intervention;
- Emphasis is placed on self-care and basic needs, particularly personal safety;
- Support reaches out and wraps around a person and their family;
- Services are restorative doing things with a person, rather than to them or for them;
- Services are provided in accessible safe spaces in local communities;
- They offer a secure and predictable nurturing environment;
- Focus on strengths as well as difficulties;
- Maintain a position of solidarity with a person;
- Services are curious about a person's understanding of their difficulties;
- Responses should build on and nurture people's internal and external resources;
- Attitude of respect, positive regard and genuineness towards the person;
- The service is responsive to individual need rather than trying to make the individual fit the service;
- A person's right to privacy and confidentiality within the system is given priority; and
- Raise awareness within the community around complexities and engage and empower communities to seek, design and deliver solutions to prevent homelessness, domestic abuse, sexual violence and abuse and substance misuse.

5.2 The Vision for an Integrated System

- Service users will have access to safe, effective and timely support and interventions from a range of services which meet their aspirations and abilities, giving them choice and enabling them to make positive changes in their lives;
- People know how and where to get help and no one is ever turned away from services;
- Have clear support pathways from early intervention, crisis and through to recovery;
- Trauma informed approach is embedded, maximising a service user reliance on own resources and reducing reliance on external resources;
- Offers seamless support ensuring service users do not get passed between services or fall between gaps in provision;
- Ensure we have sufficient resource and high quality space to meet demand;
- Be responsive to meet the needs of individual victims from within and outside of area, recognising that some may need to move to or from Middlesbrough to be safe;
- Services providing support are of high quality, offer excellent value for money and are focussed on achieving the best possible outcomes;
- Services work in partnership and are committed to becoming part of innovation and developments in relation to improving systems for individuals and their families;
- We will look for opportunities in risks;
- Embed ways of working which promote every contact counts;
- Reduce duplication with people no longer having to repeat their story multiple times and work with numerous professionals. Instead service users will receive an offer, via the system which is offered at the right time and right place, with the people they want to have alongside them in their support network;
- Establish more effective operating models for people with multiple need and embed national good practice;
- Develop a knowledge and skills framework to bring providers together to share knowledge skills and practise which nurtures relationships between providers, promotes excellence and increases resilience across the network; and,
- Genuine and thorough co-production and service user involvement.

6. System Description

Service user's needs will vary and there will be a requirement to have a tiered level of support in order to respond quickly for successful early interventions, during crisis periods and to encourage movement towards greater independence and stability.

6.1 Key activity

The Core services of the system will be available flexibly, 7 days a week with specialist services such as supported accommodation, domestic abuse provision and treatment services staffed 24 hours a day as appropriate. This will include 24 hour access for services users in crisis, via an Out-of-Hours service.

People using the service will:

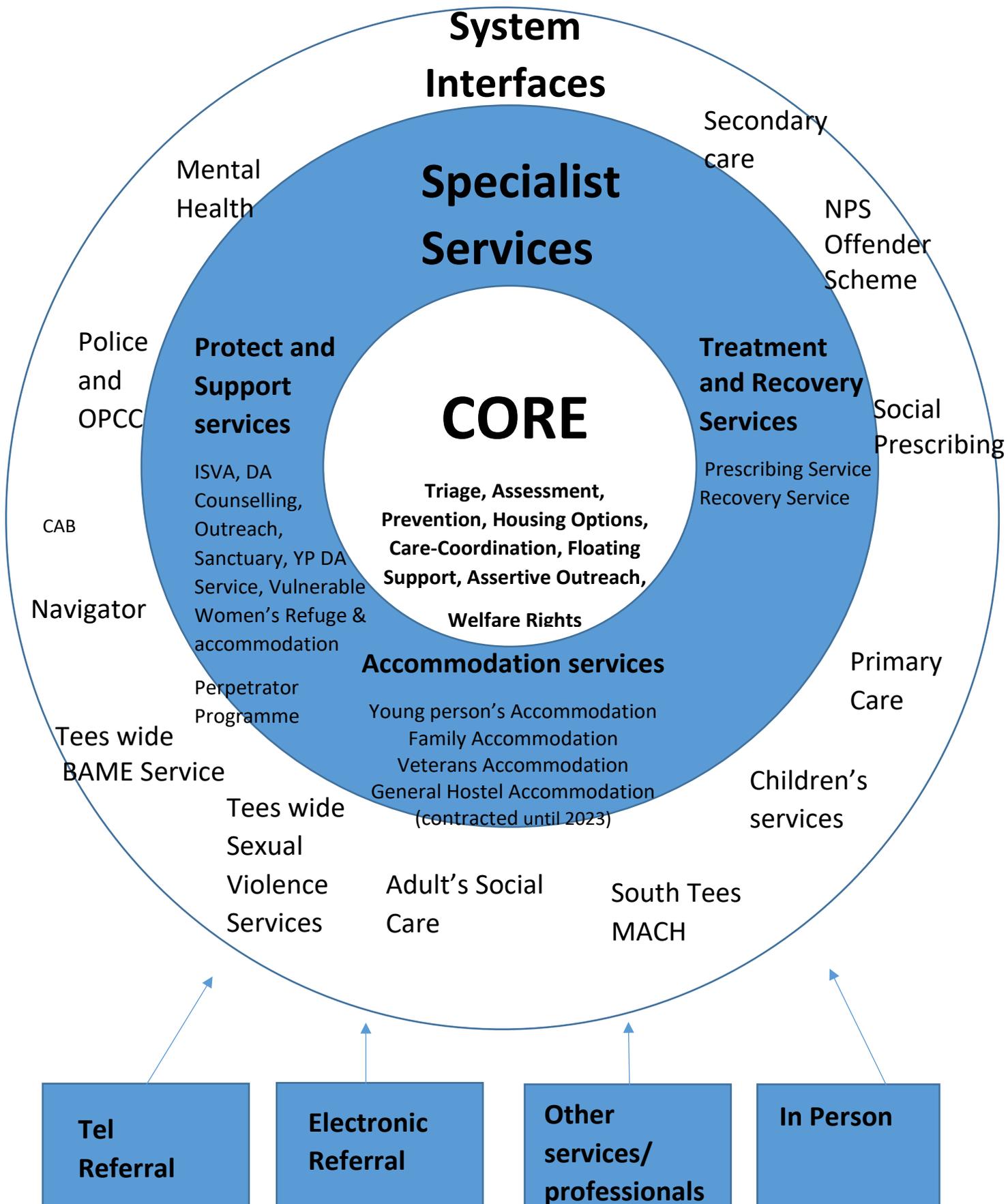
- Receive integrated care from a seamless system which feels like a single service;
- Have their fluctuating needs met in a timely and responsive way;
- Have their personal information shared effectively in their best interests;
- Receive a single comprehensive assessment;
- Be supported to keep themselves and others safe, when they are unable to do so for themselves;
- Own their own person centred support plan;
- Receive a range of therapeutic interventions that support them as a whole person through a collaborative 'whole systems' approach;
- Work closely with children's services to be supported to keep their children (if applicable) safeguarded against harm;
- Be able to access multidisciplinary and multi-agency teams in co-located settings;
- Have access to a professional, suitably skilled workforce of generic and specific roles;
- Be supported to achieve better outcomes; and,
- Be supported to maintain their accommodation and avoid the risk of eviction from a service which understands the difficulties that those with complex needs, especially 16-18 years old's and care leavers, may have in maintaining placements and will work with flexibly in response to this.

6.2 Eligibility

As a guide only, the following criteria may be useful to assess eligibility:

- At least 16 years of age and may be with or without children;
- A victim of domestic abuse and at a risk of harm, either from the abuser and/or due to current situation;
- In need of emergency housing;
- Needs assistance to secure supported accommodation or maintain tenancy;
- High Harm/ High vulnerability that cannot be addressed through mainstream provision;
- Frequent and ongoing recipient of services without demonstrating any progress/or, is outside of services and facing insurmountable barriers (within a timescale);
- A specific set of needs that can be clearly identified for which there is no current effective service response;
- Requires a tailored package of support with a holistic, client centred, coordinated systems approach to service delivery; and,
- Requires treatment, rehab or psycho social interventions for substance misuse.

6.1 System Diagram



6.1.2 Core Offer

The focus of the Core offer within the new, integrated system for those with needs around homelessness, domestic abuse, sexual violence and substance misuse, is to ensure that service users can live the best lives they can and have easy access to services that can support them from crisis through to recovery, whilst drawing upon their strengths and promoting independence and resilience. The Core Offer will have multiple points of access into a person-centred support offer, which provides a timely, high quality, consistent and comprehensive response at the right time and place, irrespective of entry point. It will comprise a team of highly skilled staff who can triage effectively - performing assessments of need to determine if people require signposting to system interfaces or escalation to specialist support.

This making every contact count approach will be achieved by integrating those key, common components of services with shared processes, pathways and outcome targets within the specialist services. The Core Offer will reduce individuals disengaging with services through initiating early intervention and engagement, improve the service user journey from first contact, through support/treatment and onto recovery. This will result in less duplication in terms of referral and assessments, provide consistent prevention and reduce support interventions and minimal 'signposting' between different parts of the system.

Provision will be appropriately matched to need. Service users will also be supported with the most appropriate interventions along a coordinated pathway. The Core Offer will provide both brief interventions/prevention (e.g. advice and information drop in) and on-going casework through care coordination, whereby appropriate agencies are brought together to address the needs of the service user in relation to homelessness, domestic abuse, sexual violence and/or substance misuse.

Targeted areas for outreach will be specified with key facilities identified and developed to ensure appropriate access points and co-location of Core services – both with key partner organisations and community settings. Multidisciplinary working will become the norm and that person-centred risk, support and recovery meetings and plans are developed alongside statutory services such as early help, mental health, primary care, criminal justice partners, adult and children's social care, etc.

The Core Offer will be key to driving the culture of collaboration and ensuring that person-centred delivery drives the new, integrated system. Effective governance arrangements will be developed to manage risk as well as formalised arrangements for shared information governance, policies and procedures and workforce development.

Those services in scope for the Core Offer include:

- The Homelessness Advice and Prevention Service currently delivered by Thirteen;
- Support for All currently delivered by Humankind; and,
- Substance Misuse Care Coordination currently delivered by Change Grow Live (CGL)
- Welfare Rights Service currently delivered in-house and part-funded by the CCG/BCF

6.1.3 Specialist Services

6.1.3.1 Accommodation Service

This element of the integrated system will deliver accommodation options for vulnerable people, including young people, families and veterans. These services will link directly into the core offer which will manage all assessments and referrals on behalf of the accommodation services. The contract can be delivered by a lead provider, a consortium or broken down into lots and delivered as a partnership approach.

6.1.3.2 Protect & Support (Domestic Abuse Services)

This specialist element of the system will provide appropriate support for people experiencing domestic abuse and/or sexual violence, including IDVA, Counselling, BAME, young person's service, Sanctuary Scheme, Outreach and accommodation for vulnerable women. Service users can refer directly into the services but those with low/complex need will be referred back into the core offer to be managed centrally. The contract can be delivered by a lead provider, a consortium or broken down into lots and delivered as a partnership approach.

6.1.3.3 Treatment Services

This specialist element of the system will provide support and treatment for people with substance misuse issues. The support will comprise of a range of clinical, and prescribing interventions, high level psychological interventions, substance misuse specific support groups and 1:1 provision. The specialist recovery element will support people through treatment and have a range of aftercare options available. This will be ran alongside the in-house residential rehab facility and structured recovery programme.

6.1.4 System Interfaces

The Integrated system is part of a wider complex needs system. In order to achieve the best possible outcomes for people using services, it will be an essential requirement of the Core offer to build strong relationships with partner interfaces which sit outside of this integrated system, but within the wider complex needs system.

Examples of interfaces and the, ask/offer are given below. These will flex and grow over the lifecycle of the contract.

Offer from Mental Health to Integrated system	Offer from Integrated system to Mental Health
<ul style="list-style-type: none">• Rapid access where agreed thresholds are met• Expertise and advice readily available from specialist services• Workforce development and training	<ul style="list-style-type: none">• Support provided to those experiencing psychological distress who wouldn't meet the threshold of statutory services• Joint case working
Offer from Adult Social Care to Integrated system	Offer from Integrated system to Adult Social Care
<ul style="list-style-type: none">• Joint working arrangements and information sharing	<ul style="list-style-type: none">• Provide support creatively to reduce costly packages of care

<ul style="list-style-type: none"> • Pathways to deliver a more streamlined holistic approach 	
Offer from Children’s Social Care to Integrated system	Offer from Integrated system to Children’s Social Care
<ul style="list-style-type: none"> • Access to supported accommodation for high support young people (dependant on capacity/prioritisation) • Joint working arrangements and information sharing • Pathways to deliver a more streamlined holistic approach • Support regarding transitions to independence 	<ul style="list-style-type: none"> • Reduction in the use of emergency accommodation • A range of supported accommodation for young people • Streamlined pathway which is needs led • Priority for vulnerable young people • Prevention of homelessness for young people and families
Offer from Primary Care to Integrated system	Offer from Integrated system to Primary Care
<ul style="list-style-type: none"> • Easy access to IAPT • Homeless outreach GP service 	<ul style="list-style-type: none"> • Support to access health services
Offer from Employment to Integrated system	Offer from Integrated system to Employment
<ul style="list-style-type: none"> • Work readiness/opportunities 	<ul style="list-style-type: none"> • Support around preparation for employment

6.2 Case Management System

For an integrated system to work effectively, there needs to be information flow between its components. This was highlighted in the needs assessments and consultation, with clear feedback about the sharing of risk information and the barriers created when a service user has to ‘tell their story more than once’. Multiple IT systems were seen as a real barrier to ensuring this information flow and hampered effective recovery, care and support planning. A single case management system is proposed and it is expected that data from both commissioned and non-commissioned could feed into this system. The services will adhere to and have a clear procedure for recording and sharing of information

The commissioned providers will be jointly responsible for the national and local data reporting requirements (including NDTMS), ensuring they input data onto the electronic case management system, in order to ensure that the integrated system contains comprehensive service user records and complies with information sharing agreements.

6.3 System Governance

The integrated system will require governance underpinned by leadership within organisations who can lift their head above the concerns and priorities of their own organisation to take on a shared responsibility for the bigger issues that cannot be solved by any single organisation. This will require from the offset, organisations and individuals who will:

- Have conscious oversight of the system as a whole;
- Define desired outcomes;
- Monitor overall system performance;
- Prompt change when the system under-performs;
- Identify barrier to and opportunities for beneficial change, and lead the wider conversation required to achieve that change;

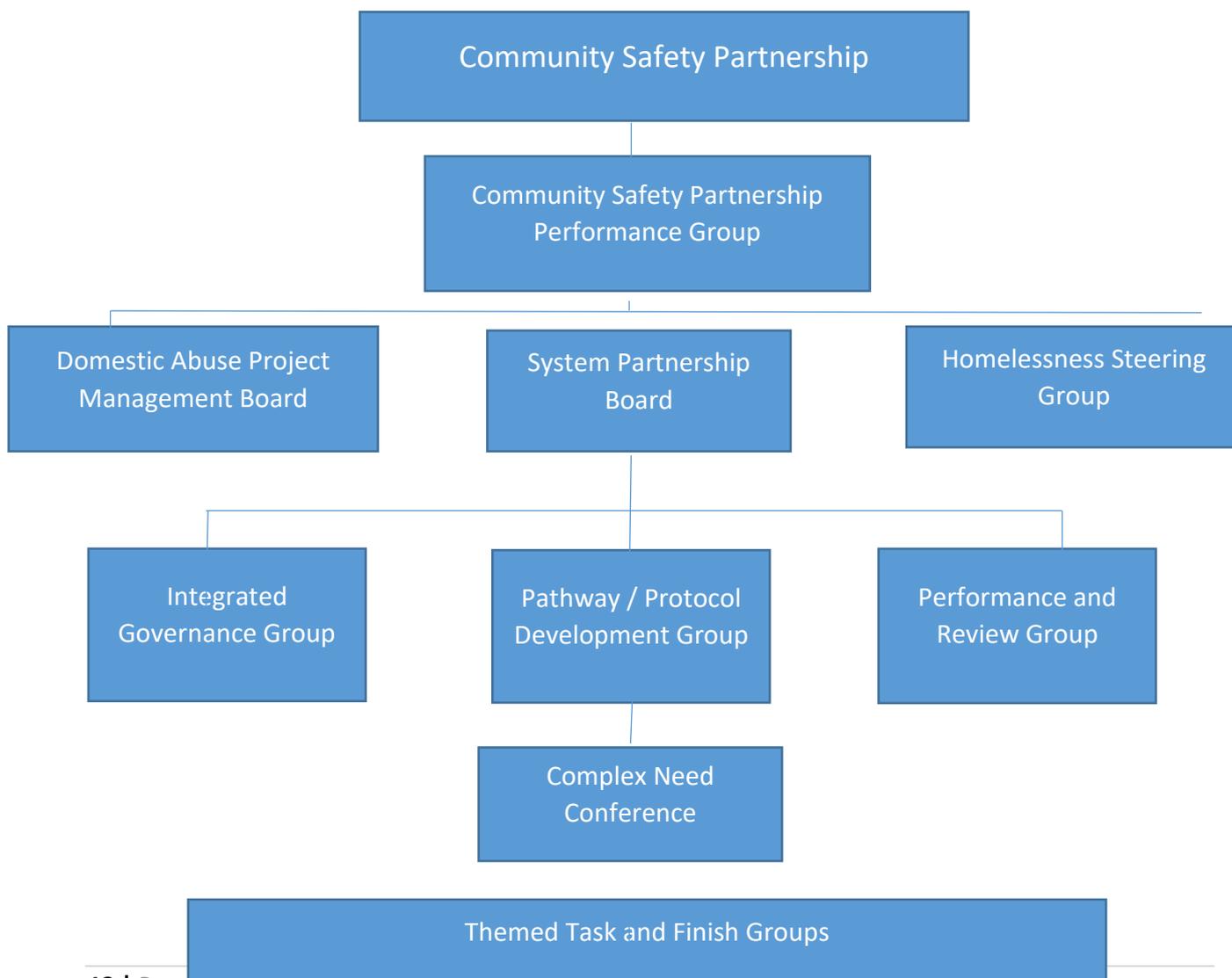
- Set standards and regulations;
- Ensure that data is collected, shared and used in ways that enhance system performance;
- Improve capability
- Promote an effective learning system; and,
- Demonstrate active management of the system architecture and an enabling environment.

A partnership arrangement will exist across all elements of the integrated model, which will facilitate these elements to work as one in the pursuit of positive outcomes for Service Users, families and communities.

A variety of groups will be established, which are illustrated below in order to govern the working of the integrated system and providers will be expected to ensure both appropriate representation is identified and full attendance at each working group.

The groups will carry out work ranging from the successful implementation of the integrated system, the successful ongoing delivery and development of the system and the resolution of key issues and quicker decision making with regard to improving the lives of our most vulnerable residents.

6.3.1 Governance Structure



6.3.2 Optimisation/Partnership Board

The System Optimisation/Partnership Board will take a lead role in the development of a strategic approach to partnership working. It will provide senior oversight to ensure maximisation of opportunities for system wide integrated working practices and successful delivery of an enhanced service offer for those experiencing difficulties/affected by homelessness, substance misuse, domestic abuse, domestic violence and abuse within Middlesbrough. It will also provide assurance regarding the delivery of Middlesbrough Council's statutory and strategic objectives and the effectiveness of its' internal controls and risk management processes. The Board will adopt the following principles:

- Principle 1 - Recognise & Accept the Need for Partnership
- Principle 2 - Develop Clarity & Realism of Purpose
- Principle 3 - Ownership & Trust
- Principle 4 - Robust Governance Arrangements
- Principle 5 - Monitor, Measure & Learn

The group will work to improve the health of the system and the quality of the relationships within it, which will be closely monitored by the Council throughout the Contract Period.

6.3.3 Integrated Governance Group

The Integrated Governance Group will take lead role in the review of governance e.g. audit/review and implementation of guidance, reviewing near misses/incidents, taking lessons learnt from local/regional and national inquiries etc. The group will also set the forward audit plan and oversee completion of audit activity, in order to ensure we are delivering safe and effective services, as expected, doing what we say we are doing and deliver strategies for continuous learning and improvement, which will support the effective delivery of services within Middlesbrough, whilst providing assurance regarding the delivery of Middlesbrough's statutory and strategic objectives and the effectiveness of its' internal controls and risk management processes.

6.3.4 Pathways and Protocols Group

The Pathways and Protocols Group will lead the development of pathways into specialist support services, internal pathways within the core offer and other Council services and effective pathways to support Service Users in successful progress along a recovery pathway. This will entail provision of relevant training/support to organisations in order to build capacity and support/sustain these pathways.

The group will also identify and progress opportunities to develop protocols which assist collaborative working, streamline/align processes and support best practice and consistency within the integrated system.

6.3.5 Performance and Review Group

The Performance and Review Group will lead on performance/quality and ensure timely submission of both local and national data and information returns, as well as ensuring appropriate management reporting is in place to support effective and efficient delivery of services within the integrated system. The group would be responsible for identifying areas of both concern and opportunity, which require a coordinated response. The group would also undertake horizon scanning to gather, analyse and disseminate value-added information to support decision making and identify areas of consideration for the forward audit plan.

This group would support contract monitoring meetings with the Council. It would be attended by Employees representing each of the elements of the integrated system and

monitored by a quality and performance framework under shared governance arrangements. This will help to maximise shared outcomes and the quality of support/care delivered to ensure the holistic, integrated nature of the Service is sustained.

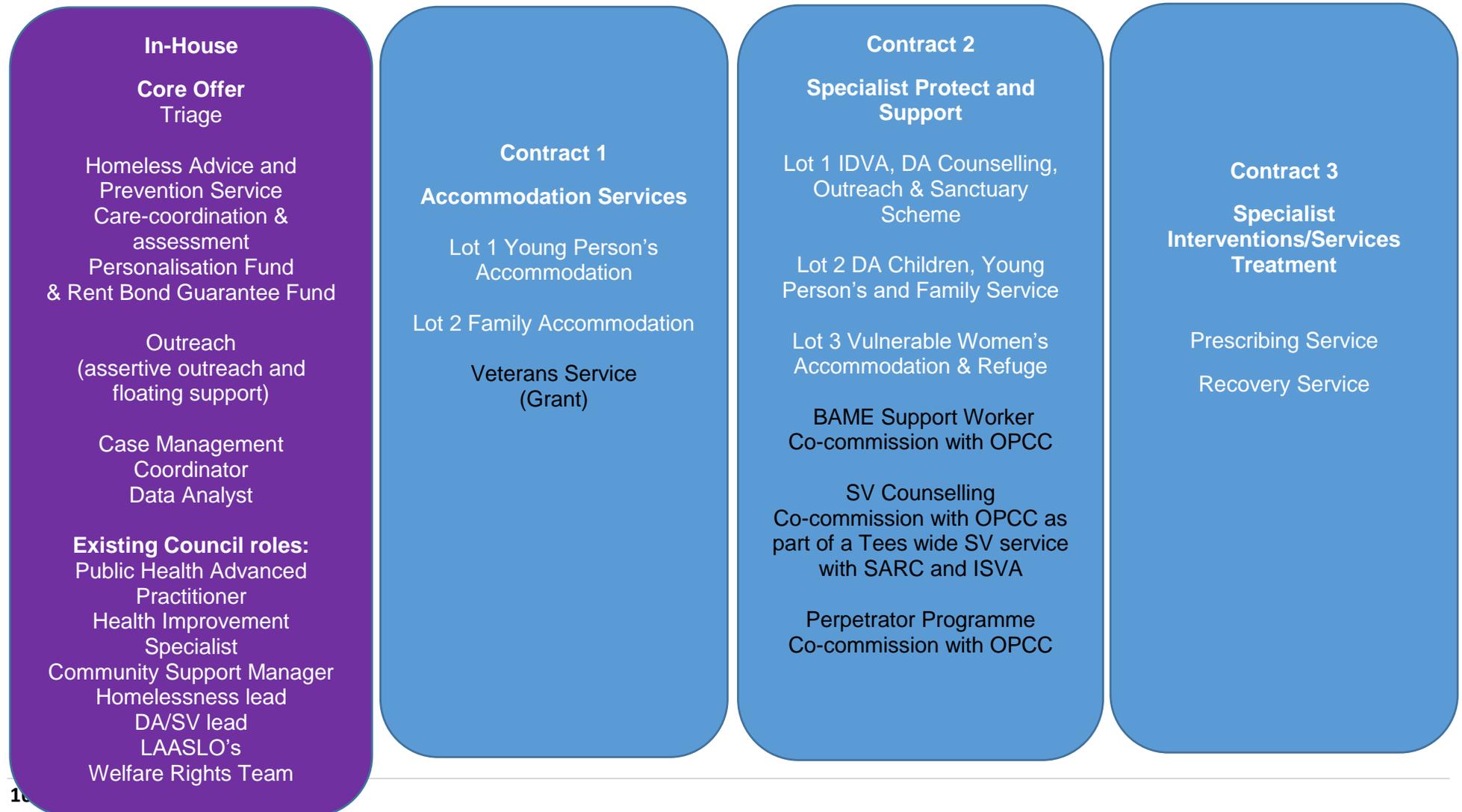
6.3.6 High Risk & High Vulnerability

A high Harm/ high Vulnerability forum will bring together a range of specialisms across the wider complex need system to deliver a more streamlined holistic approach. The systems data sets, will develop risk indicators and identify people at-risk. The forum would offer the opportunity to review cases and, as a partnership, identify bespoke and creative solutions to enable risk management and accountability to be shared between agencies.

7. Options

The following options are proposed in order to develop and implement a new model of commissioning services through an integrated system for those with support needs around homelessness, domestic abuse, sexual violence and substance misuse.

7.1 Option 1 – In-House Core Offer



Option 1 - Description		
<p>The Core offer will be delivered in-house and will provide a single support offer through a number of different referral routes including self-referral, all of which provide a timely, high quality consistent and comprehensive response. The intention is to develop co-location opportunities with key interfaces such as specialist services and adult's and children's social care single points of access. Service users can still directly access specialist services if they have a primary need and those with low or multiple needs will be referred back into the core to take the pressure off specialist provision.</p>		
Opportunities	Risks	Mitigation
<p>More influence and oversight of the delivery of the core elements of the new model</p>	<p>Professionals need a core offer/single point of access (Police etc.) but it may create additional points of engagement for service users who prefer to go direct to a specialist service, causing duplication</p>	<p>The staff could be co-located within specialist services to provide support and develop robust pathways and protocols to ensure a coordinated approach.</p> <p>The Core will focus on those with lower needs/prevention as well as those with more complex needs that need to access a range of services, whereas the Specialist Services will work with individual with a primary or singular need.</p>
<p>Greater connections / pathways / referral routes into other Council services i.e. Adult's and Children's Social Care, Public Health</p>	<p>Will essentially create an administrative function and won't build capacity in the services that need to respond. Will limit flexibility to use the resources available</p>	<p>Co-location of staff will build capacity in specialist services and reduce the need for those services to spend time on administrative tasks and provide more resource for front-line delivery</p>
<p>Co-location with Adults and Children's Services would avoid duplication and individuals being passed around</p>	<p>TUPE liability where additional costs could apply and there is no money available in the budget to cover this</p>	<p>Not all staff will be TUPE'd over or even choose to come. Once staff are TUPE'd over, a service review will be carried out to identify potential savings and wastage (see appendix I for breakdown of financial appraisal)</p>
<p>Would work to the Council values</p>	<p>Possibility of disengagement if it's a Council led service i.e. concerns around social care links etc.</p>	<p>A robust Communication will be in place and options for rebranding' whole system' so it is more partnership led</p>
<p>Reduction in management and central costs added on by commissioned providers as would fall under existing Council structures</p>	<p>Male staff engaging with services users accessing female Only services</p>	<p>Introduction of a telephone selection system allowing service users to be redirected to an</p>

		appropriate member of staff and service users can still specialist services should they prefer
Increased opportunity for the team to share knowledge and experience and be more resilient	Potential market failure for other contracts due to the reduction in the financial envelope to cover core offer	Carry out market stimulation work with interested providers to improve the chances of securing suitable provider(s)
A deeper understanding of need and customer journey	Need to be able to respond to high risk DA referrals within 8 hrs	Capacity is needed to ensure that adequate time is afforded to those who access the Core Offer and co-location within DA services will add to specialist capacity to help manage this
Avoid duplication where Homelessness Service/Housing Options does not meet the statutory duty	Accommodating Core Offer staff in Council buildings	Staff will be agile with many of them being co-located within specialist services
Greater opportunity to positively influence culture and drive collaboration	Reputational risk	A robust Communication plan will manage any reputational risk
Longer-term savings to be achieved from restructuring staff after Tupe	Timescales	A robust project plan
Ability to build a bespoke model for Middlesbrough	There are a number of risks associated with contract 1 – accommodation services. If the current provider does not win the Family accommodation contract, the building will not be made available. We would not have the use of some/any of the current young person's accommodation if any/all of the current providers do not win the contract.	We will look to make use of other non-commissioned services i.e. Narco. We will also look at our own buildings list via Asset Management. Some of the properties may be transferred into general needs tenancies, some tenants may be moved into new accommodation made available by the new provider and if not, we can look at commissioning a building based and a dispersal contract separately.
Develop an assertive outreach team to meet the changing needs of our most vulnerable residents		

The ability to respond quickly to the changing needs of service provision		
The homelessness service is scheduled to relocate to the civic campus alongside other Council services from 1 st April 2020		
CBL role can be picked up by Housing Options team with a potential saving of £30k p.a.		
Moving the Welfare Rights team into the Core Offer will make it sustainable longer-term		
Available funding to co-commission a Perpetrator programme with the OPCC		
Will fit into the Council's wider plans for place based working		

7.2 Option 2 – Commission Core Offer as a contract

In-House/Existing Council roles

Public Health Advanced Practitioner
Health Improvement Specialist
Community Support Manager
Homelessness lead
Domestic abuse/sexual violence lead
LAASLO's
Welfare Rights Team
Case Management Coordinator
Data Analyst

Contract 1

Core Offer

Triage
Homeless Advice and
Prevention Service
Care-coordination &
assessment
(Includes administration of
Personalisation Fund
& Rent Bond Guarantee
Fund)

Outreach
(Assertive outreach and
floating support)

Contract 2

Accommodation Services

Lot 1 Young Person's
Accommodation

Lot 2 Family Accommodation

Veterans Service
(Grant)

Contract 3

Specialist Protect and Support

Lot 1 IDVA, DA Counselling,
Outreach & Sanctuary Scheme

Lot 2 DA Children & Young
Person's and Family Service

Lot 3 Vulnerable Women's
Accommodation & Refuge

BAME Support Worker
Co-commission with OPCC

SV Counselling
Co-commission with OPCC as
part of a Tees wide SV service
with SARC and ISVA

Contract 4

Specialist Interventions/Services Treatment

Prescribing Service

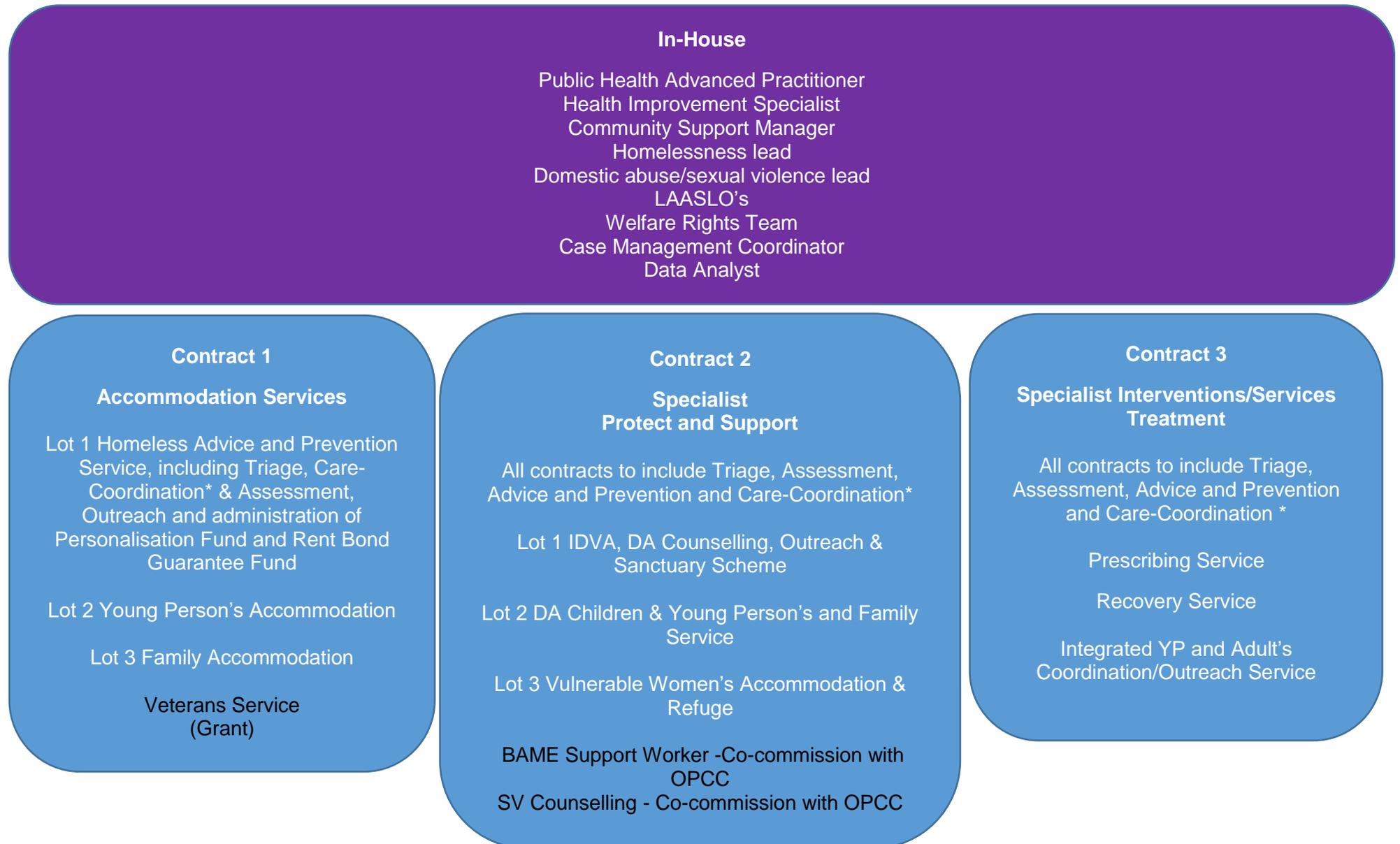
Recovery Service

Integrated YP and Adult's
Coordination/Outreach
Service

Option 2 - Description		
<p>The Core offer will be contracted out to one lead provider and will provide a single support offer through a number of different referral routes including self-referral, all of which provide a timely, high quality consistent and comprehensive response. The co-location of staff with specialist services and pathways developed with adult's and children's social care single points of access. Service users can still directly access specialist services if they have a primary need and those with low or multiple needs will be referred back into the core to take the pressure off specialist provision. It is proposed that the Core includes the following services; The Homelessness Service, Support for All – assertive outreach and floating support around homelessness, CGL.</p>		
Opportunities	Risks	Mitigation
Minimal risk to the Local Authority in terms of Tupe and governance	Lack of control over the Core Offer	Contracts will include tight guidance over expectations of the Core Offer, eligibility criteria performance monitoring and outcomes measures
Potential added value through external funding and national expertise	Providers not working collaboratively	Contracts will include tight guidance over expectations of the Core Offer, performance monitoring and outcomes measures
	No longer-term savings identified from restructuring TUPE'd staff	Work with partners to identify opportunities to pool budgets to make further savings in the longer-term
	Service user may bypass Core Offer and go direct to services	<p>The staff could be co-located within specialist services to provide support and develop robust pathways and protocols to ensure a coordinated approach.</p> <p>The Core will focus on those with lower needs/prevention as well as those with more complex needs that need to access a range of services, whereas the Specialist Services will work with individual with a primary or singular need.</p>
	Staff co-located within specialist contracts may get absorbed into delivering specialist roles	MBC contract monitoring of the Core Offer and SLA's will need to be in place between providers
	Potential market failure if no lead provider or consortium bid for contract	Carry out market stimulation work with interested providers to improve the chances of securing suitable provider(s)

	Priority given to lead providers own agenda	Contracts will include tight guidance over expectations of the Core Offer, eligibility criteria performance monitoring and outcomes measures
	Additional costs for a Choice Based Lettings role and potential conflict of interest if contract is won by an RSL	Cost for a CBL Coordinator would be factored into the contract
	Contract 2 – accommodation services risk as with Option 1	As mitigated in option 1
	Continued budget pressure for Welfare Rights provision if BCF funding is cut further	Explore Invest to Save opportunities with other Council departments
	Reduced funding available for co-commissioning of a Perpetrator Programme	Explore opportunities for joint funding with other TV LA's

7.3 Option 3 – Embed Core Offer into specialist contracts



Option 3 - Description		
The Core Offer will be embedded into each of the specialist contracts and staff across all contracts will work to the same principles to ensure the delivery of a seamless service.		
Opportunities	Risks	Mitigation
Added value to existing contracts	Reduced influence over core Offer	
Minimal risk to the Local Authority in terms of TUPE and governance	Providers not working collaboratively	Robust contracts stating importance of collaboration
Consistent approach for service users entering any service	Lack of innovation	
Outreach could be managed more effectively within provision	Silo working	
	TUPE costs to providers	
	Inconsistency in use of case management system	
	Potential for duplication	
	Multiple Care coordinators	
	Harder to embed a change of culture across all services	
	Contract 1 – accommodation services risk as with Option 1	As mitigated in option 1
	Continued budget pressure for Welfare Rights provision if BCF funding is cut further	Explore Invest to Save opportunities with other Council departments
	Reduced funding available for co-commissioning of a Perpetrator Programme	Explore opportunities for joint funding with other TV LA's

7.4 Option 4 – Commission three specialist contracts with no Core Offer

In-House

Public Health Advanced Practitioner
Health Improvement Specialist
Community Support Manager
Homelessness lead
Domestic abuse/sexual violence lead
LAASLO's
Welfare Rights Team
Case Management Coordinator
Data Analyst

Contract 1

Accommodation Services

Lot 1 Homeless Advice and Prevention Service and Outreach (including administration of Personalisation Fund and Rent Bond Guarantee Fund)

Lot 2 Young Person's Accommodation

Lot 3 Family Accommodation

Veterans Service
(Grant)

Contract 2

Specialist Protect and Support

Lot 1 IDVA, DA Counselling, Outreach & Sanctuary Scheme

Lot 2 DA Children & Young Person's and Family Service

Lot 3 Vulnerable Women's Accommodation & Refuge

BAME Support Worker
Co-commission with OPCC

SV Counselling - Co-commission with OPCC

Contract 3

Specialist Interventions/Services Treatment

Prescribing Service

Recovery Service

Integrated YP and Adult's
Coordination/Outreach Service

Option 4 - Description		
With no Core Offer this would effectively mean commissioning how we do now, struggling to manage demand, people slipping through the gaps, increased human and financial costs of people repeatedly re-entering the system, responding to a single need no clarity on intersections in the system.		
Opportunities	Risks	Mitigation
Added value to existing contracts	Lack of control over the system	Robust contracts stating importance of collaboration, Data sharing, use of the joint case management system etc.
Minimal risk to the Local Authority	The 'System' won't exist without a Core Offer	Wait until services are recommissioned again in three years.
Tried and tested model of working	No collaboration between providers	Robust contracting and more intensive performance monitoring.
Maintaining specialism in service areas	Difficulty in engaging with Adult's and Children's Services	Improved Process and pathways, joint training and practice guidance
Fits with wider systems way of commissioning	No added value to existing contracts	
	Lack of innovation	
	Service users continuing to fall through the gaps	
	Duplication of interventions and multiple workers	
	Silo working	
	Contract 1 – accommodation services risk as with Option 1	As mitigated in option 1
	Continued budget pressure for Welfare Rights provision if BCF funding is cut further	Explore Invest to Save opportunities with other Council departments
	Reduced funding available for co-commissioning of a Perpetrator Programme	Explore opportunities for joint funding with other TV LA's

8. Recommendations

The preferred option is Option one, to bring some services back in-house to create a Core Offer that is aligned to Adults and Children's Social Care and to commission the specialist services to deliver supported accommodation, domestic abuse services and treatment services for substance misuse. This will provide Middlesbrough Council with greater influence and oversight of the delivery of the Core Offer, improved pathways and referral routes to and from Adult's and Children's Social Care, an increased opportunity to create a resilient workforce, the ability to gain a deeper understanding of need and customer journey, the ability to respond quickly to the changing needs of service provision, to avoid duplication and to achieve savings.

All options have been presented with the understanding that any one of them could work and allow us to commission services differently to how we do currently, however, option four will give us the least change and therefore presents the greatest risk for duplication, service users falling through the gaps and continuing to come back through service as their needs remain unmet.

9. Action / Response required from the Community Support Commissioning Project Board

For the Project Board to consider the options set out in section seven and to support the preferred option or suggest alternative actions to be taken.

New services will be in place for 1st September 2020 so the procurement process will begin in January 2020.