

**BRISTOL CITY COUNCIL
CABINET
26 JANUARY 2012**

REPORT TITLE: West of England Home Improvement Agency Commissioning

Ward(s) affected by this report: All

Strategic Director: Graham Sims, Strategic Director, Neighbourhoods and City Development

Report author: Nick Hooper, Service Director, Strategic Housing

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Report signed off by executive member: Cllr Anthony Negus and Cllr Jon Rogers

Purpose of the report:

This report seeks approval for expenditure of more than £500,000 on home improvement agency (HIA) and independent living centre (ILC) services which support older and disabled people in Bristol. It also outlines arrangements for joint commissioning of these services across four local authorities in the West of England sub-region.

RECOMMENDATION for Cabinet approval:

- 1. On behalf of the four West of England councils to undertake a competitive procurement process for a new home improvement agency and independent living centre provider.**
- 2. To commit up to £922,000 p.a. for up to five years to contract services for Bristol residents from the HIA/ILC provider.**

The proposal:

Overview

- HIAs and ILCs provide services to help older and disabled people live independently and safely in their own homes. These include information and advice, handyperson repairs, the co-ordination of larger repairs and the demonstration of mobility aids and equipment. Following a gap analysis, this report proposes the re-commissioning of Bristol's HIA and ILC services as part of a West of England contract. These preventative services will help reduce public expenditure on acute care.
- New arrangements have been put in place for Bristol City Council (BCC) to: jointly commission these services with Bath & North East Somerset Council, North Somerset

Council and South Gloucestershire Council and combine HIA and ILC services in a single contract. The formal inclusion of South Gloucestershire Council and Bath & North East Somerset Council is subject to their Executive/Cabinet Approval in Early February. These proposals will help improve current services and deliver efficiency savings.

Strategic aims

3. All four local authorities have very similar strategic objectives to support older and disabled people. In Bristol these objectives are set out in the following strategies:
 - Bristol Housing Strategy 2010-2015;
 - Your Life, Your Way – Putting People First Programme 2010;
 - One Council.
4. HIA and ILC services clearly help meet both local and national strategic aims across the housing, health and care sectors. These include maximising choice and independence for vulnerable people and preventing illness and accidents, thereby reducing the need for GP visits and hospital and residential care.

Current services

5. Currently, HIA services are provided as separate contracts in Bristol, South Gloucestershire and North Somerset by the West of England Care & Repair agency (formerly Bristol Care & Repair). In BANES, the HIA service is provided by Somerset (BANES) Care & Repair. The contractual arrangements have provided an opportunity for joint commissioning; however, timescales are very tight. In Bristol the HIA and ILC services have never been formally commissioned before.
6. £1.6m will be spent on HIA services in 2011/12 by the West of England authorities. Within this figure Bristol has the largest contract value of £1,053,278 which is jointly funded (see table below).
7. ILC services are provided by Living, which is based in Fishponds. All four local authorities provide funding to Living on an annual basis. Living also receives funding from the Department of Transport for a car mobility service (more details of Living services are contained in Appendix 1).
8. The total funding for these services across the West of England sub-region will be £123,900 in 2011/12. Within this, Bristol's service amounts to £64,055 (see table below).
9. This service provides an important function for the public in accessing information advice and equipment early and on a self fund basis. It also contributes directly to diverting individuals away from statutory care and provides an important prevention function, enabling individuals to remain independent for longer and it is therefore essential that this service is specified in full as a requirement as part of the joint HIA/ ILC tender.

HIA services 2011/12	
Health & Social Care	£450,914
Neighbourhoods	£160,915
HRA rehousing pilot	£18,000

Supporting People	£321,378
BCC SubTotal	£951,207
Bristol PCT	£102,071
Total	£1,053,278

ILC services 2011/12	
Health & Social Care	£61,437
Neighbourhoods Pilot	£2,618
Total	£64,055

HIA/ILCTotal	£1,117,333
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The new service

10. A single provider (which could be a consortium) will be commissioned to provide a service for the four West of England local authorities. This will mean common management and monitoring arrangements across the sub-region, but a local service delivered on the ground.
11. The successful provider will offer authorities a range of services including:
 - information and advice;
 - casework, advocacy and support;
 - hospital discharge and reablement services;
 - independent living centre services, including information, advice and assessment for equipment and aids;
 - independent living centre assessment facilities;
 - co-ordination and technical support for repairs, maintenance, adaptations and improvements;
 - handyperson repairs, maintenance and security improvements;
 - training for professionals.
12. The service will be delivered through a framework contract. This will work flexibly to allow local authorities to address budget uncertainty and to take up un-purchased services in future.
13. In Bristol all of the services listed above will be provided, including assessment centre facilities (which are unlikely to be requested by the other authorities). This will form part of the Council's work to create a new accessible housing service. This is an end to end service under one manager which will provide assessment, minor and major adaptations and rehousing for older and disabled people in the city.

Service objectives

14. The service improvement objectives identified for this commissioning project are:
 - delivering customer satisfaction through timely, good quality and appropriate work;
 - maximising the number of older people assisted to live at home;
 - aiding rapid discharge from hospital;
 - providing an integrated and holistic service;
 - establishing assessment and aids testing centres;
 - delivering services appropriate to rural and urban areas;
 - delivering better value for money;

- targeting services at those most in need ;
 - increasing the level of funding from households who can pay for services.
15. These improvements will be achieved by identifying clear stakeholder outcomes from the consultation and building those into robust performance management arrangements within the contract. The project has already meant sharing good practice across the sub-region and building on national innovation and best practice. Potential providers will be asked to outline innovative and efficient methods of delivery during the procurement process.
 16. The project will also aim to help all four authorities achieve more for their money. For BCC an 8% cut on current funding is proposed. The contract may deliver additional savings which will be used to increase service volumes. Overall savings will be achieved through the efficiency gained from a sub-regional approach, joining up the HIA and ILC services, competitive tendering and a contract of three to five years. It should be noted that short term re-tendering of contracts has already achieved savings for South Gloucestershire and North Somerset.

Project timescale

17. The twelve week consultation period will end on 28th December 2011 following which analysis of the responses will be used to amend the service specification and method statement questions. The tendering process will begin with the Pre-Qualification Questionnaire on 30th January 2012 and the Invitation to Tender on 4th April. The award of contract and service set up are expected from June 2012.

Consultation and scrutiny input:

The draft commissioning strategy was published on October 5th 2011 on Consultation Finder and is open until December 28th 2011. This link to this webpage and an online survey were sent to 343 people from over 130 organisations working with older and disabled people in Bristol. A survey for older people, those with disabilities and carers was also set up and four open events held across the sub-region. In addition, a providers' day was held. Scrutiny input was not sought for this project because it will not substantially change or reduce the service. In total over 3000 survey responses were received from older people, disabled people and carers. Nearly 70 survey responses were received from other stakeholders such as voluntary groups, council staff, councillors and agencies. Ten written submissions were received including three from potential provider organisations.

The consultation showed strong support for a sub-regional commissioning approach from stakeholders and providers. However, it should be noted that a large number of older people, disabled people and carers did not want the current arrangements to change. In the context of an increasingly ageing population and the challenging financial climate this report recommends that sub-regional commissioning is adopted in order to deliver greater service volumes and improve services. The consultation analysis captures the qualities that service users value and these will be used to design the contract and tendering documents.

There was also support for joint commissioning of HIA and ILC services from some stakeholders, providers and older people, disabled people and carers. There were though a number of stakeholders, stakeholder organisations and providers who were unsure about the decision and a small number who were against it. This report recommends that

HIA and ILC services are jointly commissioned. An updated commissioning strategy will be produced which provides a clearer demonstration of the benefits of this approach.

The written submissions provided helpful feedback for the Project Board which will be used to update the commissioning strategy. In particular, the need to work more closely with health professionals and organisations was highlighted. (See Appendix 1 for more details of the consultation).

Other options considered:

i) Do nothing

This option is not recommended because the opportunity to achieve efficiency savings through a sub-regional approach would be lost. Also, the current annual renewal does not permit strategic development of either service. Finally, the implementation of BCC's adaptations review relies on transforming the HIA/ILC offer.

ii) Procure separate provision

This option is unlikely to deliver the cost savings that accrue from sharing support functions. Under the current financial pressures separate provision is likely to become unsustainable and local delivery will be lost. Separate provision is also unlikely to enable local authorities to make services both mainstream and personal.

iii) Sub-group of the West of England

If the sub-group is limited to Bristol and one another authority there is limited capacity for further efficiencies. With three local authorities joining, the sub-group would be of sufficient size to enable the achievement of cost savings while maintaining many of the existing client outcomes (of both HIAs and the Living Centre). Whilst this option would be acceptable a contract across the four authorities will deliver greater efficiencies.

Risk management / assessment:

FIGURE 1							
The risks associated with the implementation of the (subject) decision :							
No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	Lack of agreement across commissioning partners	Very High	Medium	Gain early commitment from all stakeholders Jointly agree project documents Hold regular opportunities to seek agreement	Medium	Low	Project Board
2	Provider disengagement or lack of capacity	High	Medium	Undertake market analysis Engage providers during consultation Undertake market development	Medium	Low	Project Manager
3	Disruption to current services and loss of added value through transition and/or under performance of new contractor	High	Medium	Develop clear understanding of existing services Identify funding sources Maintain and increase services through tendering Plan for transitional period Develop governance and monitoring arrangements	Medium	Low	Project Manager
4	Loss of local service identity and sensitivity	Medium	Medium	Clear description of local requirements Transparent tender evaluation and weighting Robust contract governance	Low	Low	Project Manager

5	TUPE/ Pension issues	High	High	Establish if LA staff would TUPE Request TUPE information from current providers Include TUPE impact in financial modelling for contract	High	Medium	Project Manager
6	Tight timescale/slippage	High	High	Agree project tolerances Adhere to PID & project plan	Medium	Low	Project Manager
7	Continued funding cuts	High	Medium	Keep informed of internal budget discussions Promote benefits of HIA and ILC services Develop sustainability and self-funding Use framework contract	Medium	Medium	Project Board Project Manager
8	Inadequate consultation	Medium	Medium	Agree key messages Identify key stakeholders and best ways to reach them Review consultation mid-way	Low	Low	Project Manager
9	Procurement and contract issues, including legal challenge	Very High	High	Follow good procurement practices Adopt full timescale for tendering Ensure award criteria carefully constructed Ensure short-list suitable organisations Design flexibility into the contract	High	Medium	Procurement Team
10	Contract does not deliver savings	Medium	Medium	Clear design of contract and costing Develop potential market	Medium	Low	Project Manager/ Procurement Team

FIGURE 2

The risks associated with not implementing the (subject) decision:

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	Failure to respond to the needs of an ageing population	High	High	Continue to provide existing levels of service Prioritise services for those most in need	High	Medium	Service Director
2	Failure to achieve budget savings through sub-regional commissioning and joint HIA/ILC services	High	High	Reduce service quality and/or volumes	High	Low	Service Director

Public sector equality duties:

An initial equality impact assessment has shown that HIA and ILC services are critical services for older people and those with disabilities. In particular, they help remove or minimise disadvantage and help meet the specific needs of these groups to be able to live more independently and safely.

Existing services are currently targeted at older people, which also helps address age related disability. BME groups are accessing services in small but broadly proportionate numbers to the total older BME population.

There are a number of general trends which could increase the need for HIA and ILC services in future for particular groups including:

- an increasing number of single older person's households;
- high numbers of older females living alone;
- high proportions of older people as owner occupiers;
- significant growth in the number of older people with learning difficulties;
- a small though increasing older BME population;
- significant increases in older people with a limiting long-term illness;
- increasing numbers of older people with dementia.

The public sector equality duty aims will be addressed by:

- incorporating public sector equality duties into the contract;
- shortlisting suitable organisations with appropriate equal opportunities policies and histories;
- asking in method statement questions how potential providers will ensure that these aims are delivered ;
- selecting a suitable provider to deliver the contract;
- monitoring service delivery including the public sector equality duty.

Eco impact assessment

The significant impacts of this proposal are that service delivery will result in the following negative impacts:

- emission of climate changing gases;
- consumption of non-renewable resources;
- production of waste.

However improvements to the energy efficiency of homes will reduce CO2 emissions.

The proposals include the following measures to mitigate the impacts. The procurement process and on-going contract management will seek ways of reducing impacts e.g. through specifications, award criteria and monitoring arrangements. The advice of the department's Environment Adviser will be sought to ensure that these mitigation measures are as successful as possible.

The net effects of the proposals are as follows. It is believed that the proposed mitigation measures will result in a reduced environmental impact from this service. The success to which this is achieved is dependent upon how successfully these measures are implemented.

Resource and legal implications:

Finance

a. Financial (revenue) implications:

The annual costs of this contract are based on the current year's funding.

The annual BCC funding envelope for 2012/13 onwards is £921,765 pa (as set out below) within which it is proposed to procure the new service for up to 5 years:

HIA services*	
Health & Social Care	£423,859
Neighbourhoods	£150,915

Supporting People	£289,240
BCC SubTotal	£864,014
Bristol PCT	£102,071
Total	£966,085

ILC services*	
Health & Social Care	£57,751
Total	£57,751

BCC HIA/ILC Sub Total	£921,765
HIA/ILC Total	£1,023,836

* The pilot funding for the HRA rehousing project and Neighbourhoods' assessment centre (shown in the table in paragraph 9) is not continued in future years.

Advice given by Simon Merrett, Finance Business Partner, Health & Social Care and
Mike Harding, Finance Business Partner, Neighbourhoods and City
Development

Date 19 & 20 December 2011

c. Legal implications:

Given the nature and scale of the services to be secured, the procurement exercise will need to comply with the Public Contracts Regulations 2006 and so require a full EU compliant tendering process. Following this it would be anticipated that a framework agreement will be concluded by BCC as lead authority, from which each authority will then call off services, and in so doing enter into separate direct contracts with the provider. The framework, between BCC and the provider, will last four years. The call off contracts between each local authority, including BCC, and the provider will last three to five years. An agreement (some form of inter authority agreement/indemnity) between the four authorities regarding the proper use of the framework, and to provide some protection for BCC in connection with such use, has been proposed. An indemnity agreement has already been signed.

Advice given by Eric Andrews, Senior Solicitor

Date 29.11.11

d. Land / property implications:

There are no land/property implications contained in this report.

Advice given by Lin Lynett/ Principal Corporate Property Officer

Date 7.12.11

e. Human resources implications:

There are no human resources implications contained in this report.

Advice given by Chris Dagger / HR Business Partner

Date 7.12.11

Appendices:

Appendix 1 - Background Information

Appendix 2 - Equality Impact Assessment

Appendix 3 - Eco Assessment Checklist

Access to information (background papers):

The Draft Commissioning Strategy is available on this webpage:

<http://www.citizenspace.com/bristol/neighbourhoods/west-of-england-home-improvement-agency>

Appendix 1 – Background paper

Home improvement agencies (HIAs)/ Independent living centre services (ILCs)

1. HIAs provide housing related support such as information and advice, minor repairs, technical support for major building works, including adaptations, assistance with moving home and hospital discharge. These services can help identify housing options and address problems such as disrepair, home health and accident hazards, fuel poverty and debt. The core customer groups for HIAs are older and disabled households across all tenures, although the majority are owner occupiers. Information and advice are usually provided for free, with other services free to those on benefits and a modest charge levied for those who can afford to pay.
2. ILCs help disabled people improve their mobility through the demonstration of products and equipment that can help them in their daily lives. Assessment of need and advice about products and equipment is provided by a qualified health professional such as an Occupational Therapist (OT). Some ILCs are retail outlets whilst others signpost people to appropriate suppliers. ILCs can also act as one-stop assessment centres, combining HIA services and product testing with a local authority's statutory responsibilities for adaptations.

Current services

3. In 2010/11 a first visit or handyperson service was provided by the two HIA contractors to 9,627 new HIA service users across the West of England. This included 6,085 new service users in Bristol with a total of 8147 building work jobs carried out, of which 94% were handyperson jobs.
4. Overall figures from Living for the West of England sub-region in 2010-2011 show over 1865 OT appointments with service users and carers; 497 general tours/ Telecare demonstrations etc and 229 appointments on open days and outreach events. There were 1763 information enquiries by email, telephone and letter.
5. The funding for the demonstration, advice and assessment function currently provided by Living for Bristol comes from two sources:
 - i) A pilot, currently jointly funded by Neighbourhoods and Health & Social Care (H&SC) to provide space and equipment for BCC Occupational Therapists to conduct statutory assessments for bathing and stair lifts. This costs £2,618 to provide access to facilities and equipment for H&SC Occupational Therapists to undertake assessments for one day a week for a 15 week pilot. A further 15 week pilot as above for two days a week will cost £5,410.
 - ii) A larger grant from H&SC (also funded by North Somerset, Bath & North-East Somerset & South Gloucestershire) to provide an information, advice and assessment function to the public (not necessarily those who meet H&SC's eligibility criteria). This part of the service is provided by Living's own qualified Occupational Therapists. The service provides an assessment function in 14 areas (including bathing, Telecare/Assistive Technology, powered wheelchairs

and scooters, walking aids, riser/recliner chairs, kitchen equipment, specialists beds and mattresses, hoists/lifting and stairlifts, driving & transport).

Gap analysis

6. A needs analysis has shown that demand for HIA and ILC services will rise due to the ageing population and increasing expectations for quality of life. There will be significant increases in older people with a limiting long-term illness, including dementia, thereby increasing age related disability. In Bristol the number of households over 60 is projected to rise by 12% in the next ten years from 53,500 to 59,800. There were 22,010 people claiming Disability Living Allowance in Bristol in 2011.
7. Nationally, HIA and ILC services are improving through good practice such as the involvement of service users and a focus on outcomes; new assistive technology; and a social enterprise approach from provider organisations.
8. HIA and ILC services are highly valued by commissioners and clients across the sub-region, particularly as they help older and disabled owner occupiers who are often ineligible for other types of support; and because they can reduce expenditure on acute care. Funders do however face the challenge of providing services at a time of Government cuts.
9. A market analysis has shown that the local HIA and ILC provider market is relatively small. However, potential providers could include housing associations, local authorities, independent charities and public limited companies.
10. Based on this information (set out in full in the draft commissioning strategy) the gap analysis identified the need to:
 - provide HIA and ILC services to a greater volume of users, including those households that can afford to pay;
 - avoid duplication and make the best use of resources across the sub-region;
 - adopt a joined up approach across care, health and housing;
 - involve service users in service design, particularly the identification of outcomes, and performance monitoring;
 - generate greater efficiency, effectiveness and best practice;
 - build up local market potential.

Consultation overview

The draft commissioning strategy was published on October 5th 2011 on Consultation Finder and was open until December 28th 2011. A link to this page and an online survey were sent to a number of stakeholder organisations across the sub-region including voluntary groups that represent older and disabled people, councillors, local commissioners and funders, local authority staff and agencies who refer clients to these services and other interested local bodies, such as parish councils and community groups. In Bristol 343 people from over 130 organisations were contacted. A survey for older people, those with disabilities and carers was also set up and four open events held across the sub-region in late October/ early November. In addition, a providers' day was held in November. Scrutiny input was not sought

for this project because it will not substantially change or reduce the service.

A total of 3018 survey responses were received from older people, those with disabilities and carers. Of those, 86% had used the services of an HIA in the last five years and 12% had used the services of an ILC in the last five years. Nearly 70% of respondents were aged 60-85 and 25% were aged 85 or older. The majority of respondents were White British and 5% were from Black Minority Ethnic groups. Nearly half of the respondents had a limiting long term illness and 18% were carers. In addition, 37 older people, those with disabilities and carers attended the events.

A total of 67 survey responses were received from other stakeholders such as voluntary agencies, local authority staff, councillors and agencies. 81% of those responding referred older people and those with disabilities to HIAs. Most respondents worked in one local authority area only. 40% worked in the Bristol area. Six stakeholders attended the open events including councillors, voluntary group representatives and occupational therapists.

41 people representing 23 potential provider organisations attended the providers' day.

Written submissions were received from seven stakeholder organisations and three potential providers: Avon Fire and Rescue Service; Advice Network; Bristol AgeUK; Equality B&NES; South Gloucestershire Disability Action Group; West of England Rural Network; Yate Town Council; Alliance Homes; Aster Living; and WE Care & Repair.

A key theme arising from the feedback has been how much the HIA and ILC services are valued by existing service users and stakeholders. The written submissions and survey responses provided welcome detail on the service qualities that end users and stakeholders most appreciate. These included the:

- i. reliability and trustworthiness of the provider organisation and its commitment to social purposes
- ii. high standard of services including communication, advice and guidance and building works
- iii. speed, efficacy and effectiveness of these services
- iv. sympathetic and caring attitude shown by individual staff members
- v. knowledge and experience of staff, particularly those involved in technical work
- vi. trustworthiness and reliability of staff working in people's homes
- vii. understanding of particular service user needs including illness, disability, language barriers and cultural diversity
- viii. ability to have small building jobs carried out
- ix. low and reasonable cost of building work
- x. help provided to signpost service users to other organisations
- xi. local delivery, local accessibility and local identity of services
- xii. knowledge of local differences e.g. council policies and processes
- xiii. participation in relevant local and national networks.

The top three services which older people, disabled people and carers felt would most meet their needs were:

- i. getting small repairs done which they would find difficult to do themselves
- ii. information and advice
- iii. help in arranging major home repairs or adaptations.

The stakeholder survey showed strong support (69%) for joint commissioning across the four local authorities. This support was based on the assumption that the changes will avoid duplication, reduce costs and deliver economies of scale; and that they will improve performance, improve management and deliver a more seamless service for the end user. Two of the written submissions from stakeholder organisations also supported the approach: noting its ability to deliver efficiency savings (the other stakeholder submissions made no specific comment on the sub-regional proposal). Several stakeholder respondents highlighted the importance of robust procurement and contractual arrangements in order to achieve the assumed benefits.

However, in the comments section of their survey a large number of older people, disabled people and carers stated that they did not think the changes would bring improvements or that they did not wish to see the existing services changed in any way. In some cases this meant keeping the same organisation, in some cases the same staff and in some cases the same system. A small number of stakeholders also raised concerns about changes to the current way of working. These comments reflect the high value that service users and stakeholders place on the existing services with a large number of respondents making positive or strongly positive comments about their experiences of HIA and ILC services. Fewer older and disabled people, although still a large number, said that they were not concerned about the proposed changes as long as the same high standard of service continued to be delivered.

Two of the providers, who submitted written documents, welcomed the sub-regional approach, noting its potential to deliver efficiencies and improve services.

The joint commissioning of HIA and ILC services was only commented on by a handful of those responding to the survey for older people, disabled people and carers. Of those that did, the majority felt it was a good idea as it would be beneficial to service users to have both services in one place.

There was less support in the stakeholder survey for the inclusion of ILC services in the contract. Although 53% of respondents supported the proposal, 34% were unsure and 13% were against it. The comments in the survey did not make it clear why this is the case, but anecdotal evidence suggests that the benefits of combining these services have been less obvious to these stakeholders.

Arguments against the proposal were outlined by Equality B&NES in their written submission. These included: the potential for a poorer service because the ILC will be a small part of the total value of the contract; the disadvantage of seeing ILC services as solely housing related; and the lack of market alternatives to Living, thereby risking a gap in services if an alternative provider needs to be established. The only other stakeholder organisation commenting directly on this supported the proposal as long as there are two equitable drivers: efficiency *and* increasing choice and accessibility for service users.

Only one of the potential providers, WE Care & Repair, supported the proposal to include ILC services in the contract, noting the scope for closer working between HIA and ILC services. Alliance Homes felt that ILC services could be integrated and made more local; however, they did not support the inclusion of these services in the contract because of the disproportionate advantage gained by the contractor partnering Living. Aster required more information about the proposed ILC services and questioned whether Living should in fact be named in all bids. In light of concerns raised by potential providers, consideration has been given to the risk of challenge arising from a tendering organisation that is unable to partner with Living, the current provider of ILC services. Whilst the tender will identify ILC services as part of the package, there is no intention to identify Living as a preferred provider, or indeed any requirement that providers must secure this service from Living. The Authorities have no preconceived views as to how this element might be best delivered. It will be for tenderers themselves to identify how they will deliver ILC services, and the Authorities will evaluate their responses according to clearly expressed criteria. Accordingly the risk of challenge on this matter should be considered low.

Appendix 2 - Equality impact assessment

Step 1 – Use the following checklist to consider whether the proposal requires an EqlA

1. What is the purpose of the proposal?

It is proposed that home improvement agency (HIA) services across the West of England are jointly re-commissioned through the procurement of a single provider. Bristol's independent living centre (ILC) services will also be included in this commissioning. The purpose of the proposal is to improve services and gain efficiency savings.

2. Could this be relevant to our public sector equality duty to:

a) Promote equality of opportunity

b) Eliminate discrimination

c) Promote good relations between different equalities communities?

High

Medium x

Low

3. Could the proposal have a positive effect on equalities communities?

Yes, the proposal aims to improve and increase current services which will positively impact on older people, including older women living alone, a small though increasing older BME population and those with disabilities.

Please describe your initial thoughts as to the proposal's positive impact

The proposal aims to improve services by focusing on service user outcomes, sharing good practice across the four authorities, seeking excellence through a competitive tendering process and improving performance management. Potential providers will be asked to describe how they will ensure equality of access to services and eliminate discrimination through methods statements and at each stage of the procurement process.

Improved services will mean that more older and disabled people have greater independence and can live in their own homes for longer. The consultation process will allow outcomes to be developed which focus on service user requirements.

4. Could the proposal have a negative effect on equalities communities?

Potentially, the proposal could mean a disruption to existing services, particularly if a new provider is selected, or a reduction in service quality during the contract.

Please describe your initial thoughts as to the proposal's negative impact

Any disruption to services or inadequate contractor performance will be mitigated through clear service set up criteria, a robust contract and an improved performance management system.

Step 2 Describe the Proposal

2.1 Briefly describe the proposal and its aims? What are the main activities, whose needs is it designed to meet, etc.

This project proposes joint commissioning of HIA services for the West of England. Commissioning will also include Bristol's ILC services. HIAs provide housing-related support to older and disabled people (who are usually owner occupiers or those in private rented accommodation). ILCs help people test equipment and aids that could help them live more independently. A qualified professional, such as an occupational therapist, first assesses clients and then recommends the best products. In Bristol the successful provider will be asked to deliver assessment centre facilities which BCC can use to undertake statutory assessments (with their own occupational therapists). Thereby providing an end to end service under one manager which will provide assessment, minor and major adaptations and rehousing for older and disabled people in the city.

The project aims to improve current services and gain efficiency savings. This means:

- maximising the number of older people assisted to live at home
- promoting integrated and holistic services
- establishing a single West of England HIA
- providing service delivery appropriate to both diversely populated urban settings and sparsely populated rural areas
- delivering 'value for money' fee charges in relation to the work delivered
- targeting services at those most in need
- increasing the level of funding from households who can pay for services
- delivering a high quality service in a prompt and timely manner that achieves good service user outcomes and high levels of customer satisfaction
- ensuring rapid discharge from hospital.

2.2 If there is more than one service affected, please list these:

This project is cross-cutting, impacting on housing, adult social care and health.

2.3 Which staff or teams will carry out this proposal?

A joint project board, with a representative from each of the four local authorities, has been set up. Bristol City Council (BCC) will lead the project, including project management and procurement, on behalf of the four authorities.

Step 3 Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?

3.1 Summarise how equalities communities are currently benefiting from your service

The current services are targeted at older and disabled people. They include:

- Information and advice on housing-related issues, such as how to repair and maintain their property, how to ensure their property is safe, e.g. avoiding trip and fire hazards, how they could find more appropriate accommodation and other advice on benefits and avoiding fuel poverty
- Advocacy and support to provide practical assistance in housing related matters, including helping an individual navigate their way through the local authority and other agencies

- Small repairs, maintenance and improvements that an individual would be unable to do themselves
- Co-ordination and technical support for larger building works, including for adaptations which help people live more independently
- Help for people returning from a stay in hospital, to ensure that their home provides the right environment for a quick recovery
- An independent living centre which allows people to find out about and test assistive products and equipment that will help them live more independently.

The table below shows the volume of some of the services currently provided to older people and those with disabilities.

Table: HIA service volumes

	No. of new service user households	Total number of building work jobs	Total number of handy person jobs	%age of handy person of total works
BANES	591	2,581	2,382	92%
Bristol	6,085	8,147	7,640	94%
North Somerset	2,337	1,917	1,741	91%
South Gloucestershire	614	618	520	84%
West of England	9,627	13,263	12,146	92%

Source: HIA Supporting People workbooks

Overall figures for ILC services for the West of England sub-region in 2010-2011 show:

- 1,009 OT appointments with service users
- 515 OT appointments with carers
- 341 visiting OT appointments
- 497 general tours/ Telecare demonstrations etc
- 229 "appointments" on Open days and Outreach events
- 341 health professionals attending training
- 1763 information enquiries by email, telephone and letter
- 78 information enquiries (which may or may not be with an OT) on drop in.
- This totals 4773 which was slightly below targets set for the year.

3.2 Compare to the relevant benchmark (e.g. the %age of people from each community who use your services with the %age of people within the relevant equalities community who live in the local authority or West of England)

The best data for these services is found in the HIA Supporting People workbooks submitted by each provider to the local authority. These do not however provide information on all Equality Act 2010 protected characteristics, but focus on age, ethnicity and disability. The tables below show the available data compared against average populations.

Table: Black and minority ethnic HIA services users and population

	No. / %age BME new service user households	%age BME local authority average	%age BME pensioners local authority average
BANES	4 (1%)	7.5	1.6
Bristol	428 (7%)	13.5	4.0
North Somerset	8 (0%)	5.1	1.2
South Gloucestershire	12 (1%)	5.7	1.4
West of England	452 (5%)	9.0	2.2

Source: 2009 Population Estimates by Ethnic Group, ONS Crown Copyright 2011

In Bristol, which has by far the largest BME population, BME service users were predominantly from Black Caribbean households (48%) followed by Indian, Pakistani and Bangladeshi households (23%). There were small numbers of Black African households (4%) and Chinese households (1%).

Table: Older HIA services users and population

	No. / % age of new service user households aged 60 and over	%age of people aged 60 and over local authority average (2010 population)	%age of households headed by person aged 60 and over local authority average (2010 households)
BANES	531 (90%)	23.5	37.2
Bristol	5685 (93%)	16.8	27.8
North Somerset	2175 (93%)	27.7	40.6
South Gloucestershire	584 (95%)	22.5	35.2
West of England	8,975 (93%)	21.4	33.6

Source: 2010 Mid Year Estimates. Population Estimates Unit, ONS: Crown Copyright 2011
Department for Communities and Local Government Household Projections model (2008-based)

Table: Disabled HIA service users and population

	No. / %age of HIA service user households with a disability	%age of total households with a LLTI local authority average (2001)
BANES	49 (8%)	30.0
Bristol	400 (7%)	32.8
North Somerset	127 (5%)	33.0
South Gloucestershire	17 (3%)	28.2
West of England	593 (6%)	31.3

Source: 2001 Census Standard Tables

Disability = mental health problems, learning disabilities, physical or sensory disabilities

LLTI =limiting long term illness

In addition to this, a housing market assessment of older people's housing 'Putting People First in the South West' (2008) noted a number of trends that could increase the need for housing related care and support for particular groups. These include:

- An increasing number of single older person's households
- High numbers of older females living alone
- High proportions of older people as owner occupiers
- Significant growth in the number of older people with learning difficulties
- A small though increasing older BME population
- Significant increases in older people with a limiting long-term illness
- Increasing numbers of older people with dementia

A more recent national study of home improvement agencies by the University of York (to be published December 2011) found that handyperson service users were:

- mostly aged 65 and above (79%)
- mostly women (75%)
- mostly living alone (66%)
- on low to modest incomes (68% monthly income <£1,000)
- living in older properties
- mostly homeowners (69% owned property outright; 10% mortgage)
- often in poor health (89% impairment of some type; 54% long term health problem; 52% disabled)

It is also likely that lesbian, gay, bisexual and transgender (LGBT) older people will require greater housing support. Research by Stonewall (2011) has found that LGBT older people are less likely to have children to support them in older age and access housing services less, often for fear that their needs will not be understood.

3.3 Evaluate what the data in 3.1 & 3.2 tells you about how the current position affects people from equalities communities

The information above shows that HIA and ILC services are critical services for older people and those with disabilities. This is because they help people live more independently for longer by: keeping properties in a state of good repair; demonstrating mobility aids and equipment or adapting homes where necessary; and helping people live in a safe environment, thereby preventing accidents and the need for emergency care.

The data shows that:

- services are targeted at older people and age-related disabilities
- BME groups are currently accessing the services in small but broadly proportionate numbers to the total older BME population
- some BME groups, such as Black African and Chinese groups, may be under-represented
- services may need to be better targeted at those with physical disabilities or mental health problems and address the specific problems of health groups predicted to rise in future, such as people with dementia
- services may need to be better targeted at LGBT people with providers ensuring that their services are accessible and sensitive to particular needs.

Step 4 Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA.

4.1 Describe any consultations that have taken place on the proposal. Please include information on when you consulted, how many people attended and what each equalities community had to say (& provide web link to the detailed consultation).

A twelve week consultation was undertaken from October to December 2011. This included a survey for older people, disabled people and carers and a survey for key stakeholders such as voluntary groups. A fuller breakdown of the consultation is available in Appendix 1 – Background Paper.

There were 3018 responses to the survey for older people, those with disabilities and carers. The following table shows the characteristics of those responding.

Age group	2.4% less than 50 5.3% 50 to 60 67.6% 60 to 85 25.2% 85 or older
Ethnicity	93.6% Non-BME groups 5.4% BME groups
Disability	49.7% with a limiting long term illness
Carers	18.1% acting as carers
Service users	86.1% had used a home improvement agency 12.3% had used an independent living centre

Appendix 1 sets out the feedback of the survey overall including the service qualities which existing service users value. This includes the fact that it is important that a provider organisation understands the particular needs of individual service users including illnesses, disability, language barriers and cultural diversity.

There were 158 replies from BME households. 87% had used the services of a home improvement agency in the last 5 years and 19% had used the services of an independent living centre. Nearly 70% were in the 60-85 age group and nearly 18% were 85 or older. The responses to the following questions were similar to those of the survey overall: i) the types of service which best met people's needs; ii) what mattered most; and iii) the type of contact preferred.

4.2 Please include when and how the outcome of the consultation will be fed back to the people whom you consulted.

The consultation will be fed back after the end of the consultation period on December 28th. A 'You said...We did' document will be available on Consultation Finder by the end of January 2012.

Step 5 Giving due regard to the impact of your proposal on equalities communities.

Possible impact on equalities communities, whether or not you will address the impact.	Actions to be included in the proposal
There is a medium risk that older and	<ul style="list-style-type: none"> Efficiency savings will be sought

disabled people could experience a negative impact if the availability of services were to be reduced or the quality of services diminished. These potential impacts will be addressed.	<p>through the tendering process to deliver greater volumes of service to ensure continued availability of the service and to address the increasingly ageing population.</p> <ul style="list-style-type: none"> • The contract specification and method statement questions will be designed to ensure that the service delivers elements important to older and disabled people e.g. local sensitivity, a personal and sympathetic approach, home visits where requested and an understanding of diverse needs. • A transition plan will be drawn up to ensure that if a new provider is selected there will be a seamless handover and service set up period. • New monitoring arrangements will be set up, including a partnership board, for the life of the contract.
There is a low risk that those wishing to access services might not be given equality of opportunity or be discriminated against due to age, disability ethnicity, gender, pregnancy & maternity, religion & belief, sexual orientation and transgender. These potential impacts will be addressed.	<ul style="list-style-type: none"> • During the tender process shortlisting will be used. This will include a check of equal opportunities policy and any instances of unlawful discrimination. • Contractual and monitoring arrangements will be designed to ensure that equalities communities are treated equally and without discrimination.

5.2 Next Steps

Actions as above.

Step 6. Meeting the aims of the public sector equality duty

6.1 Describe, how, in completing steps 1-5, you have given due regard to the three aims of the public sector equality duty:

- a) promote equality of opportunity**
- b) eliminate unlawful discrimination**
- c) promote good relations between people who share a 'protected characteristic' and those who do not**

These aims will be addressed by:

- incorporating public sector equality duties into the design of tender documents, including the contract
- shortlisting suitable organisations with appropriate equal opportunities policies and histories

- asking in method statement questions how potential providers will ensure that these aims are delivered
- selecting a suitable provider to deliver the contract
- monitoring service delivery including the public sector equality duty.

Step 7 Monitoring arrangements

If your proposal is agreed, how do you plan to measure whether it has achieved its aims as described in 2.1. Please include how you will ensure you measure its actual impact on equalities communities?

Monitoring arrangements will be outcome focused, including qualitative monitoring of the impact of the new contract on equalities communities and other service users. The existing Project Board, set up to implement procurement of the new contract, will continue and develop in order to monitor service delivery including outcomes through the life of the contract. Monitoring will also build on the existing Supporting People workbook which asks for the collection of data on age group, disability and ethnicity. This could be increased to monitor service delivery to all equalities communities.

Step 8 Publish your EqIA

Service Director
Nick Hooper, Service Director Strategic Housing

Signed: Nick Hooper
Date: 19th December 2011

Equalities Officer

Simon Nelson

Signed : Simon Nelson
Date: 20th December 2011

Appendix 3

Eco Impact Checklist

Title of report: West of England Home Improvement Agency Commissioning				
Report author: Marion Britton				
Anticipated date of key decision: January 26th 2012				
<p>Summary of proposals: HIAs and ILCs provide services to help older and disabled people live independently and safely in their own homes.</p> <p>A single provider (which could be a consortium) will be commissioned to provide a service for the four West of England local authorities.</p> <p>The successful provider will offer authorities a range of services including:</p> <ul style="list-style-type: none"> • information and advice; • casework, advocacy and support; • hospital discharge and reablement services; • independent living centre services, including product and equipment testing; • independent living centre assessment facilities; • co-ordination and technical support for repairs, maintenance, adaptations and improvements; • handyperson repairs, maintenance and security improvements; • training for professionals. 				
Will the proposal impact on...	Yes/No	+ive or -ive	If yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Yes	-ive	Emissions from various areas during service delivery (travel, buildings, materials etc)	Procurement process and ongoing contract management will seek ways of reducing impacts eg through specifications, award criteria and monitoring arrangements
		+ive	Improved energy efficiency of homes helping to reduce CO2 emissions.	
Bristol's vulnerability to the effects of climate change?	Yes	+ive	Reduced fuel poverty for vulnerable households.	
Consumption of non-renewable resources?	Yes	-ive	Use of fossil fuels and non renewable materials during service delivery	Procurement process and ongoing contract management will seek ways of reducing impacts eg through specifications, award criteria and monitoring arrangements. As a minimum all timber
		+ive	Longer term benefits through improved energy efficiency.	

				and wood derived products used in the delivery of this contract must be in line with UK Government policy (CPET).
Production, recycling or disposal of waste	Yes	-ive	Waste will be generated during service delivery (building works, offices etc)	Procurement process and ongoing contract management will seek ways of promoting waste hierarchy eg through specifications, award criteria and monitoring arrangements.
The appearance of the city?	Yes	+ive	Homes kept in a good state of repair.	
Pollution to land, water, or air?	No	N/A	N/A	N/A
Wildlife and habitats?	No	N/A	N/A	N/A

Consulted with: Marion Britton

Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report

The significant impacts of this proposal are.....

Service delivery will result in the following negative impacts:

- Emission of Climate Changing Gases
- Consumption of non-renewable resources
- Production of waste

However improvements to the energy efficiency of homes will reduce CO2 emissions.

The proposals include the following measures to mitigate the impacts.....

The procurement process and ongoing contract management will seek ways of reducing impacts eg through specifications, award criteria and monitoring arrangements. The advice of the departments Environment Adviser will be sought to ensure that these mitigation measures are as successful as possible.

The net effects of the proposals are

It is believed that the proposed mitigation measures will result in a reduced environmental impact from this service. The success to which this is achieved is dependant upon how successfully these measures are implemented.

Checklist completed by:

Name:	Matthew Sands
Dept.:	Neighbourhoods
Extension:	25545
Date:	6/12/11
Verified by Sustainable City Group	Steve Ransom (BCC Sustainable City Group)