

West of England Home Improvement Agency Commissioning Consultation Analysis Report

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5th January 2012

Executive summary

This report analyses the consultation feedback for the commissioning of home improvement agency (HIA) services across the four local authorities in the West of England, with the inclusion of independent living centre (ILC) services.

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.

There is strong support for a sub-regional commissioning approach from stakeholders and providers. However, a large number of older people, disabled people and carers do not want the current arrangements to change. Fewer numbers of older people, disabled people and carers, although still a large number, have no concerns about the proposals as long as the service continues to deliver the current high standards. In the context of an increasingly ageing population and the challenging financial climate it is recommended that sub-regional commissioning is adopted in order to deliver greater service volumes and improve services. However, the procurement process and contractual arrangements need to capture the qualities that service users value, select the most appropriate organisation and put in place robust mechanisms to address poor performance.

There is some support for joint commissioning of HIA and ILC services from stakeholders and older people, disabled people and carers. There are though a number of stakeholders, stakeholder organisations and providers who are unsure about the decision or against it. Some of these concerns could be overcome through clearer demonstration of the benefits of joint commissioning. However, before going ahead with this decision it is recommended that the Project Board seek Legal and Procurement advice on the risk of legal challenge from those consortia not able to partner Living.

The written submissions raised a number of concerns about the draft commissioning strategy. It is therefore recommended that changes are made to the strategy to clarify areas of uncertainty, add additional contextual information and provide updates where new decisions have been made.

Finally, it is recommended that the tender documents and procurement process reflect the updated commissioning strategy.

1.0 Consultation activity

1.1 Consultation period

The draft commissioning strategy was published on 5th October 2011 on Bristol City Council's Consultation Finder website with a link to this page on the other three local authority websites. The consultation period lasted twelve weeks until December 28th 2011, in line with voluntary compact agreements.

1.2 Surveys and publicity

A link to the Consultation Finder page and an online survey were sent to stakeholder organisations as recommended by each local authority. These organisations included 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.

A survey for older people, those with disabilities and carers was set up on the Consultation Finder webpage. Further work was carried out, in partnership with existing providers, to distribute paper copies and to survey people over the phone.

Additional activity to publicise the consultation included a one page summary sent to 50 agencies in B&NES; a poster sent to libraries and one stop shops, attendance at the Senior Citizens' Forum and a newsletter article in two parish council newsletters in South Gloucestershire; and attendance at the Older Peoples' Partnership Board in Bristol.

1.3 Events

Four open events were held across the sub-region in late October/ early November 2011. These events were used to help the Project Board better understand service user and stakeholder issues. Paper copies of both surveys were available for completion at these events.

A providers' day was held in November 2011. This was advertised directly to twelve organisations including existing HIA and ILC providers in the West of England and surrounding counties and local registered providers (i.e. housing associations). It was also advertised in the Bristol Evening Post, the national Foundations' e-newsletter and to those on a Bristol database.

2.0 Survey responses and event attendance

2.1 Older people, disabled people and carers

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. (See Appendix 1 for a more detailed analysis of quantitative and qualitative data).

37 older people, disabled people and carers attended the four open events.

2.2 Other stakeholders

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. The table below shows the percentage of respondents working in each of the four areas:

| North Somerset | Bristol | South Gloucestershire | Bath & North East Somerset |
|----------------|---------|-----------------------|----------------------------|
| 56% | 40% | 33% | 15% |

Six stakeholders attended the open events including councillors, voluntary group representatives and occupational therapists.

Written submissions were received from seven stakeholder organisations including:

- 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

2.3 Potential providers

Written submissions were received from three potential provider organisations including:

- Alliance Homes
- Aster Living
- WE Care & Repair

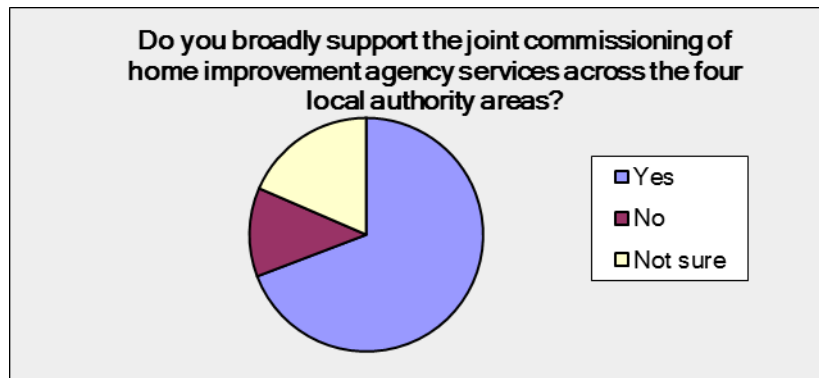
There were 41 people representing 23 potential provider organisations at the providers' day.

3.0 Consultation findings

3.1 Adopting a sub-regional approach

The stakeholder survey showed strong support (69%) for joint commissioning across the four local authorities (see graph overleaf). 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. This reflects the high value that service users 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 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.

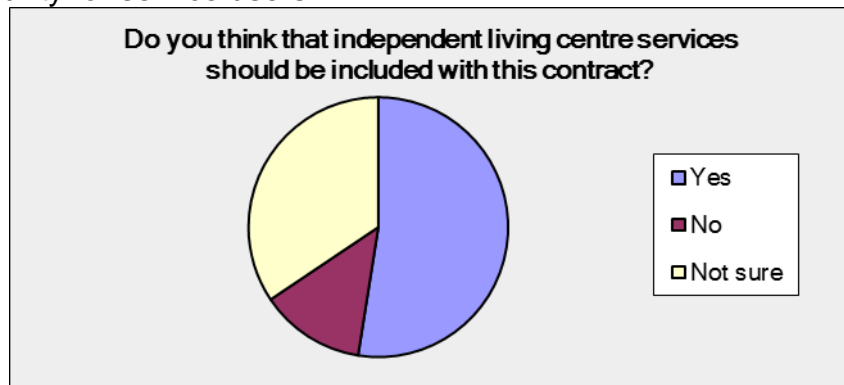
3.2 Combining HIA and ILC services

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 (see graph overleaf). 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.

3.3 Draft commissioning strategy

The written submissions raised a number of key concerns about the draft commissioning strategy and its approach, including that:

- i. the additional social value benefits of HIA and ILC services will not be recognised in commissioning
- ii. the strategy does not link closely enough to the aims of health, social care and fire sectors
- iii. there has not been enough involvement in the commissioning process of health and care sectors, including the health & well-being boards
- iv. the preventative benefits of services are not adequately highlighted
- v. the strategy endorses personal budgets without understanding some of the negative impacts this approach can have for elderly people; or that personal budgets can be spent several times over by different providers
- vi. providers are being pressed to seek funding from other sectors, such as Trusts and Foundations, which are also facing decreasing resources
- vii. the strategy does not acknowledge the financial pressures on older and disabled people, including recent Government policies
- viii. the drive for self-funding could undermine the aim of targeting services at those most in need; and that it does not recognise the benefits to the public purse of low cost preventative work
- ix. self-funding services need to be charged at affordable prices
- x. the service will not meet the needs of rural areas and does not draw on recent good practice in this area
- xi. performance measures will be set post-contract, not allowing providers to design them into services
- xii. performance measures will be different in local authority areas

- xiii. outcomes will be reduced to crude measures of success or value for money whilst overlooking the real change experienced by the individual service user
- xiv. monitoring will not capture the multiple provider inputs required for those service users with complex needs
- xv. outcomes such as reducing crime against property cannot be wholly influenced by this service and are therefore difficult to monitor
- xvi. deploying resources on monitoring could undermine the quality of service delivery
- xvii. a social enterprise approach may result in commercial drivers that affect services
- xviii. the strategy indicates that only not-for-profit organisations can bid
- xix. a 'no fees approach' may be unlawful (in reference to the 1996 Act)
- xx. fees act as an incentive to providers
- xxi. the 2011/12 funding for Bristol does not include £106,000 allocated by CLG
- xxii. pilot funding for two projects in Bristol is not clearly identified
- xxiii. the strategy gives no indication of expected levels of activities and outcomes
- xxiv. there should be consistency in the menu of services and policies across the four local authorities
- xxv. there is no mention of community equipment provision and whether this is being procured to a similar timetable
- xxvi. the risk of poor future contractor performance is not sufficiently or robustly mitigated
- xxvii. a contract of five years should be adopted
- xxviii. there is not enough detail on the proposed Management Board
- xxix. there is not enough detail on the procurement process nor an opportunity to comment on the proposals
- xxx. the complexity of consortia bids could involve additional costs
- xxxi. the procurement timetable does not include a handover/service set up period.

Positive comments about the commissioning strategy and its approach included:

- i. agreeing with the analysis of demographic trends for older and disabled communities
- ii. noting the considerable potential for the contractor to develop its service for self-funders
- iii. supporting the requirement for service user involvement, a focus on service outcomes and the outcomes proposed
- iv. welcoming a single contract management group.

3.4 Services

The written submissions and survey responses provided welcome detail on the service qualities that end users and stakeholders value. 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

Respondents also identified some additional services that people wanted such as IT support and gardening; and confirmed the importance of existing services such as access to lists of reliable contractors (both summarised in Appendix 1 ii). Many survey respondents felt that the current services are not advertised well enough.

The majority of survey respondents (62%) preferred contact via the telephone. Although one of the written submissions highlighted that even basic information can be misunderstood by some vulnerable service users when delivered on the phone.

4.0 Recommendations

4.1 Sub-regional approach

Although there is a strong feeling from some existing service users that the current arrangements should not change, other stakeholders, service users and providers support a sub-regional approach because of the benefits it can bring. The draft commissioning strategy sets out clear evidence of increasing future demand for HIA and ILC services and the Government's drive to reduce public expenditure. In this context it is recommended that sub-regional commissioning is adopted in order to achieve efficiency savings and improve services. However, the procurement process and contractual arrangements need to capture the qualities that service users value (as set out in 3.4), ensure selection of the most appropriate organisation and put in place robust mechanisms to address poor performance.

4.2 Joint commissioning of HIA and ILC services

There is some support for joint commissioning of HIA and ILC services although a number of stakeholders, stakeholder organisations and providers are unsure about the decision or against it. Some of these concerns could be overcome through better demonstration of the benefits of joint commissioning, drawing on the experiences of existing examples around the country and better defining the Project Board's vision for the integration of these services. However, before deciding to include ILC services it is recommended that the Board seek Legal and Procurement advice on the risk of legal challenge. This could come from consortia who feel that any organisation partnering Living has had an unfair advantage.

4.3 Draft commissioning strategy

It is recommended that the draft commissioning strategy is amended as follows to address the following omissions or areas where further detail is needed (as raised by the written submissions):

- i. add reference to the 2011 Best Value Statutory Guidance, particularly the need to consider economic, environmental and social value in commissioning
- ii. add financial detail proving the cost effectiveness of preventative services
- iii. add more evidence on the benefits of including ILC services
- iv. review the outcomes to include clearer links to health and social outcomes such as adding 'reduced admissions in secondary care (prevention)', 'reduced readmission through improved transfer arrangements/ discharge plans', 'reduced residential home admissions and social care crises'
- v. add the following outcomes 'help to maximise income' and 'supporting households to consider alternative accommodation'
- vi. review the outcomes to check they are not standards or inputs
- vii. add clearer references to health and social care strategies
- viii. add detail on the current links between HIAs and the Fire Service which identify those at risk from house fires for referral to the Fire Service for preventative help
- ix. clarify whether it is anticipated that the service will be provided through personal budgets in future
- x. identify the proposed balance of service provision between households in each tenure; and between self-funders and those unable to pay
- xi. identify the proposed assessment of households who will pay for services
- xii. identify the overall balance of self-funding expected
- xiii. make reference to Government policies and proposals impacting on the welfare benefits available to those with disabilities
- xiv. add extra information on older people living in private housing, older BME communities and those living in rural communities
- xv. add learning points from the Village Agent scheme funded by B&NES
- xvi. add greater analysis of the needs of BME communities including the identification of relevant 'hard to reach' groups
- xvii. make reference to equality of access for vulnerable and 'hard to reach' groups
- xviii. amend service descriptions including to:
 - a. add 'and appropriately managed' to the phrase 'rapid discharge from hospital'
 - b. replace the phrase 'caring for a spouse' with the words 'partner, relative or friend'
 - c. note that assistive technology requires high levels of user involvement to ensure it is fit for purpose; and that users, particularly from hard to reach groups, need equal access to such resources
 - d. link casework to the care planning process
 - e. identify the in-house work retained as part of the Bristol Accessible Housing Service
 - f. confirm that North Somerset do require hospital discharge and re-ablement services
 - g. identify the ILC services included and excluded from this contract and any local differences.
- xix. identify why not all local authorities require all services

- xx. provide an update on the fees decision
- xxi. clarify whether a no fees approach will be applied to works involving Wessex loans
- xxii. clarify Bristol's previous funding
- xxiii. review the risk register in reference to poor performance
- xxiv. add further detail on the proposed Management Board; its role; the involvement of each local authority; how it will engage with service users; and how it will develop services in future
- xxv. add further detail on the procurement process including evaluation and scoring criteria; updated timetable; the work carried out on market development; contract length and funding commitments; the pre-qualification questionnaire (PQQ) shortlisting process; a definition of what constitutes a consortium; add a definition of the types of organisations that can bid; and whether sub-contractors go through PQQ
- xxvi. correct the statement that an employee's contract cannot be changed under TUPE, this is only the case if doing so is to the employee's detriment.

The Project Board should also consider the following, taking into account project resources:

- i. adding extra information on the extent of older people's savings and equity in the sub-region; and the particular effects of poverty on older people, including the impact of higher inflation rates, lower savings rates and rising levels of fuel poverty
- ii. rural proofing the strategy
- iii. whether it is appropriate to move towards consistent policies and a standard menu of services across the sub-region
- iv. whether a health or social care representative and a service user representative should join the Project Board
- v. whether the procurement process, or at least the later parts of it, are still open to consultation.

4.4 Procurement

It is recommended that the 'invitation to tender' documents, including the contract, should:

- i. capture the qualities that service users value including those set out in 3.4
- ii. reference the updated commissioning strategy including the amendments set out in 4.3
- iii. set out the expectations for service user involvement
- iv. set out clear expectations for a single performance monitoring system, including rural delivery
- v. set out clear levels of expected activities and outcomes
- vi. recognise that some elements of the contract are less commercial than others e.g. helping service users with complex needs
- vii. identify the key partner agencies that the provider will need to work with
- viii. identify how poor performance will be dealt with

The procurement process should ensure that:

- i. the background of organisations (e.g. charitable or commercial) and key business drivers are properly understood in order to assess their abilities to commence particular types of work

- ii. potential providers demonstrate their ethos and commitment including the ability to deliver additional social value
- iii. potential providers hold the General Help Quality Mark as a minimum for legal advice
- iv. potential providers demonstrate their proven experience, capacity, commitment and enthusiasm for working collaboratively with voluntary and public sector organisations; and for involving service users
- v. potential providers demonstrate their understanding of rural issues and the quality of their approach in dealing with these issues
- vi. TUPE information is provided to the incoming employer at least two weeks before the transfer commences; and that it is accurate and reflects the actual structure and costs of the existing service.

Appendix 1 – Analysis of the survey for older people, disabled people and carers

i) Quantitative analysis

3018 responses were received.

Q1. Have you used the services of a home improvement agency in the last 5 years?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 86.1% | 2582 |
| No | 10.8% | 323 |
| Not sure | 3.1% | 93 |
| answered question | 99.3% | 2998 |
| skipped question | 0.7% | 20 |

Q2. Have you used the services of an independent living centre in the last 5 years?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 12.3% | 356 |
| No | 84.4% | 2447 |
| Not sure | 3.3% | 95 |
| answered question | 96.0% | 2898 |
| skipped question | 4.0% | 120 |

Q3. What is your house number and postcode?

| Answer Options | House Number: Response Percent | Response Count |
|-------------------|--------------------------------|----------------|
| answered question | 98.2% | 2963 |
| skipped question | 1.8% | 55 |

Q4. What services would best meet your needs? Tick your top three

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| Getting small repairs done which you would find difficult to do yourself | 90.5% | 2669 |
| Information and advice | 64.6% | 1904 |
| Help in arranging major home repairs or adaptations | 48.3% | 1423 |
| Advocacy and support for when you need extra help | 41.9% | 1234 |
| Being able to find out about and test products that could help you become more mobile. | 21.6% | 637 |
| Help in making changes to your home when coming out of hospital | 15.4% | 453 |
| answered question | 97.7% | 2948 |
| skipped question | 2.3% | 70 |

Q5. Thinking about these services what type of contact would you prefer?

| Answer Options | Response Percent | Response Count |
|---|---------------------|-------------------|
| A telephone conversation | 62.3% | 1805 |
| A home visit (which could mean waiting longer than other options) | 29.8% | 863 |
| Visiting a small, local venue | 7.3% | 211 |
| Visiting a larger centre accessible by car or bus | 3.4% | 99 |
| answered question | 95.9% | 2895 |
| skipped question | 4.1% | 123 |

Q6. Thinking about these services what matters to you most? Tick your top three

| Answer Options | Response Percent | Response Count |
|---|---------------------|-------------------|
| Good quality repair and building work | 82.2% | 2414 |
| Knowing the right person or organisation to contact | 65.5% | 1923 |
| A quick response | 63.7% | 1872 |
| A sympathetic person to talk to | 39.1% | 1148 |
| Feeling in control | 19.4% | 571 |
| As little disruption during building work as possible | 18.6% | 545 |
| answered question | 97.3% | 2938 |
| skipped question | 2.7% | 80 |

Q7. Do you have any other concerns or suggestions about Care & Repair and Living services or the changes being proposed? Please explain.

| Answer Options | Response Percent | Response Count |
|--|---------------------|-------------------|
| answered question | 41.3% | 1245 |
| skipped question | 58.7% | 1773 |
| Summary of responses in ii) Qualitative analysis | | |

Q8. What is your age group?

| Answer Options | Response Percent | Response Count |
|-------------------|---------------------|-------------------|
| Aged less than 50 | 2.4% | 72 |
| 50 to 60 | 5.3% | 157 |
| 60 to 85 | 67.6% | 1999 |
| 85 or older | 25.2% | 746 |
| answered question | 98.0% | 2957 |
| skipped question | 2.0% | 61 |

Q9. What is your background?

| Answer Options | Response Percent | Response Count |
|-----------------------|---------------------|-------------------|
| Non-BME groups | 93.6% | 2744 |
| BME groups | 5.4% | 158 |
| Do not wish to answer | 1.2% | 36 |
| White British | 91.7% | 2689 |
| White Irish | 1.0% | 28 |

| | | |
|------------------------------|-------|------|
| White Other | 0.9% | 27 |
| Asian (Indian) | 0.3% | 9 |
| Asian (Pakistani) | 0.2% | 6 |
| Asian (Bangladeshi) | 2.0% | 58 |
| Asian (Other) | 0.2% | 6 |
| Black (Caribbean) | 1.5% | 45 |
| Black (African) | 0.2% | 6 |
| Black (Other) | 0.2% | 5 |
| Mixed: White/Black/Caribbean | 0.3% | 8 |
| Mixed: White/Asian | 0.1% | 4 |
| Mixed: Other | 0.1% | 4 |
| Chinese | 0.1% | 3 |
| Other | 0.1% | 4 |
| answered question | 97.2% | 2932 |
| skipped question | 2.8% | 86 |

Q10. Do you have a limiting long term illness?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 49.7% | 1436 |
| No | 39.7% | 1147 |
| Not sure | 10.5% | 304 |
| answered question | 95.7% | 2887 |
| skipped question | 4.3% | 131 |

Q11. Are you a carer?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 18.1% | 513 |
| No | 80.1% | 2270 |
| Not sure | 1.8% | 51 |
| answered question | 93.9% | 2834 |
| skipped question | 6.1% | 184 |

ii) Qualitative analysis

1245 responses to question 7 were made. The total column shows the number of responses which included this phrase or something similar. Respondents may have used more than one phrase. Counts of 10 and over are highlighted.

| | Total |
|---|-------|
| Existing ILC services | |
| The Living service is very helpful/ useful/ excellent/ first class/ very good. | 17 |
| The Living service takes too long. | 3 |
| My appointment was cancelled on the same day and I had made arrangements. | 1 |
| The ILC should explain what is the 'best value for money' option to a service user. | 1 |

The ILC should let people try out equipment on the first visit, not have to go through 6 assessments. 1

Existing HIA services

The HIA service was excellent/ wonderful/ brilliant/ invaluable/ impressive/ first class/ high calibre/ fantastic/high standard/ superb/ very well done/ great/ perfect/ outstanding/top quality/ exemplary/ marvellous/ exceptional. I am very pleased/ extremely happy/ indebted/ extremely grateful/ 100% satisfied/ delighted/. It is desperately needed/ depended on/ great support/ vital support. 233

The HIA service was good/ satisfactory/ high standard/reliable/ useful/ helpful/ value for money/ customer focused/ competent. I am grateful/ happy with it/quite pleased/ happy to recommend it. It works well/ meets my needs/ helped with a stressful situation/ is appreciated/ served us well/ gave good advice & guidance. It is well respected/ trusted by me and my family/ a much needed service for the community. 238

The HIA team are caring/ friendly/ sympathetic/ understanding/ empathetic/ helpful/ courteous/ honest/ reliable/ pleasant/ dedicated/ well trained/ trustworthy/ marvellous/ knowledgeable about technical issues/ fantastic people/ exceptionally good/ cheerful/ kind/ personal/ wonderful/ thoughtful/ considerate/ informative/ lovely people/ professional. They make me feel safe/put my mind at ease/ make me feel valued. 101

The handyperson service/building work service is low cost/ reliable/ good quality/ useful/reputable. The tradespeople are much appreciated/ trustworthy/ caring/ pleasant/ polite/ helpful/ very nice/ excellent/approachable/ kind/ tidy/multi-skilled/ honest/ experienced/ sympathetic. They help me feel safe/ treated us very well/treated us with dignity and respect. 79

The HIA provides a quick response/ does work quickly. 30

The HIA service is effective/ efficient. 36

The HIA helps me because I am on my own. 29

The HIA helps because I live in an older building that needs a lot of work. 1

The HIA gave me an explanation before work began. 1

The HIA does jobs I could not do myself/ jobs that are too small for a private builder. 14

HIA has good local knowledge. 4

Signposting to other services is useful. 2

It's helpful because I don't want to deal with contractors direct. 1

The HIA helps when things go wrong, as I have no savings. 1

The HIA helps me avoid being ripped off. 1

It is reassuring to know that the service is there when you need it. It gives me peace of mind to know I will not be ripped off. 43

The HIA did not give me full information, only the most expensive option. They did not tell me when the job would be done. The HIA is limited. The HIA is hard to contact. They did not give me any choice about the building work. 6

The HIA service takes too long. There is a lack of co-ordination with other services. 18

| | |
|---|-----|
| The work of the HIA/ recommended contractor was not up to standard | 7 |
| The HIA/ recommended contractor was very expensive | 11 |
| The HIA declined to/ could not help. The HIA did not return my call. | 9 |
| The Proposals | |
| Things should stay as they are/ not be changed. Don't try to fix what isn't broken. We want the same service/ same organisation/ same staff. | 134 |
| I am not convinced that the changes will improve the service. The changes could mean that services are cut/ reduce in quality/ have gaps. This would be due to funding cuts/ a change of organisation/ choosing the lowest price tender/ stretching current resources. | 89 |
| These changes could mean losing service altogether. | 39 |
| I have no concerns about the proposals. The changes will be good if the service continues to deliver to the same standard/gets better/ becomes quicker/ more available/ provides more choice. The changes will be good if they save money/ pool resources/ are based on need. | 99 |
| Change is disruptive for older people. | 1 |
| Changing the system will cost money not save money. | 6 |
| £7m over 5 years - the money could be better spent on helping disabled people right now. | 2 |
| The service should receive as much funding/ support as possible | 6 |
| I do not want my council's money to subsidise another area. | 3 |
| I do not want staff cuts. | 2 |
| A consortium would be better than one provider - more competitive. | 1 |
| The contract should go to the organisation that can attract the most additional funding. | 1 |
| The savings should be passed on to the customer | 2 |
| I do not want one local authority to be providing the service. I do not want to have to call the council for help. | 4 |
| I would like to know more about the proposed changes. | 16 |
| Joint HIA/ILC commissioning | |
| Combining the HIA & ILC could work well/ The ILC is a good idea. | 14 |
| Do not combine the HIA & ILC if it's just to cut the service. | 1 |
| ILC could suffer because it will be a small part of tender. | 1 |
| It is important the mobility service continues and is not affected by the changes. | 1 |
| The loss of Living would take a long time to replace. | 1 |
| Living should have stable funding. | 2 |
| A larger area/ service | |
| A bigger geographical area will make the service less efficient for the service user/ less effective/ bureaucratic/ unwieldy. It will make it difficult to contact the organisation/ difficult for the organisation to advertise. There will be less accountability. | 25 |
| A bigger geographical area will mean more delays because staff will be busier/ they will have further to travel. | 21 |
| A bigger geographical area could increase the cost for the service user e.g. because of travel costs. | 8 |

| | |
|---|----|
| Centralisation will mean the loss of local contacts/ knowledge/ knowledge of individuals/ individuality. | 9 |
| Economies of scale/ changes should not mean less quality of service. | 5 |
| A larger service will not provide the personal touch/ individual touch/ adequate care. It will be less helpful. People will be forgotten/ not feel comfortable/ not be valued. | 28 |
| One organisation will be beneficial. | 1 |
| If it is a commercial organisation that takes over this could mean pressure on me for unnecessary or expensive extra work. They will only be out to make a profit/ not as committed to helping people. | 12 |
| There should be competition between service companies not a monopoly | 2 |
| The future service | |
| I want these services to be local. | 41 |
| An ILC should be local for easy access. | 11 |
| The new service should provide: help with the garden/ grass cutting/ weeding/ pruning/ fencing/ hedges/ rubbish removal/ decorating/ advice about the going rate to pay private contractors/ IT support/ IT training/ outside adaptations/ legal advice/ more bathing options/ small jobs builders will not do/ low cost loans/ help to move house/ electrical & plumbing services/ help to reduce quotes from builders/ a list of the jobs they do/ details of how much jobs cost/ an outline of what their responsibilities are regarding building faults . | 30 |
| The organisation needs to respond quickly | 6 |
| A home visit should be a priority for those with a disability. Not everyone has transport/ the ability to visit a centre. | 6 |
| I want an organisation that actually does repairs not just gives advice about a reliable source. | 1 |
| I want a list of reliable & reasonable cost contractors | 10 |
| The HIA and ILC service needs to be better advertised. It could be advertised by primary professionals and in other organisations e.g. GPs, churches. | 28 |
| The organisation should be easy to contact. The right person should be easy to contact. Staff should be available. | 1 |
| I do not want an automated telephone service/ to be bombarded with calls/ a call centre approach. | 4 |
| Clear communication important as I am hard of hearing. I have a disability that the best communication method is a fax/ hard copy/ email. | 5 |
| I need extra support because I am blind/ cannot walk/ have difficulty writing. I need someone who understands my particular disability/ illness. | 11 |
| The new service should only be allowed to charge for the cost of work done/ a reasonable cost. I am on a low income/ benefits. | 13 |
| The service should charge a small fee so it doesn't feel like it is charity. I am willing/able to pay a reasonable charge. | 4 |
| The tradespeople employed in the new service need to be trustworthy/ caring/ safe/ patient/ knowledgeable/ familiar. They should have an ID badge & telephone number/ be competent/ not overcharge/ have a bit extra time to talk. | 25 |

| | |
|---|----|
| The managers/CEOs and sub-contractors need to be thoroughly checked before awarding a contract. | 2 |
| The organisation should not be top heavy with managers | 1 |
| Having new equipment and appliances to test is a good idea. | 1 |
| An ILC need experienced staff to solve problems in the best way. | 1 |
| The new service needs to continue the same ethos for social responsibility/ care & quality. | 4 |
| The service/ grants should not be means tested/ mean taking out a loan. | 4 |
| Being assessed is very stressful/ we have contributed taxes all our lives. | |
| Adaptations should be less conspicuous e.g. white rails outside the home tell people we are vulnerable. | 1 |
| I would like an emergency 24/7 service. | 1 |
| The service user should be asked if their problem is urgent or not. | 1 |
| The organisation should tell you when they will come to do work. | 1 |
| People need to feel in control and have a say in their lives | 1 |
| Services should be offered to spouses or partners. | 1 |
| I know I will need to use these services in future. | 13 |

Appendix 2 – Analysis of the survey for other stakeholders

i) Quantitative analysis

67 responses were received.

Q1. Please give your name and organisation.

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| answered question | 95.5% | 64 |
| skipped question | 4.5% | 3 |

Q2. Do you commission home improvement agency services?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 28.1% | 18 |
| No | 67.2% | 43 |
| Not sure | 4.7% | 3 |
| answered question | 95.5% | 64 |
| skipped question | 4.5% | 3 |

Q3. Do you refer older people and those with disabilities to home improvement agencies?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 81.3% | 52 |
| No | 15.6% | 10 |
| Not sure | 3.1% | 2 |
| answered question | 95.5% | 64 |
| skipped question | 4.5% | 3 |

Q4. Which area do you work in? Tick all that apply

| Answer Options | Response Percent | Response Count |
|-----------------------------|------------------|----------------|
| North Somerset area | 56.3% | 36 |
| Bristol area | 40.6% | 26 |
| South Gloucestershire area | 32.8% | 21 |
| B&NES area | 15.6% | 10 |
| Outside the West of England | 10.9% | 7 |
| answered question | 95.5% | 64 |
| skipped question | 4.5% | 3 |

Number of areas worked In...

| | | |
|-------------------|-------|----|
| 1 area | 79.7% | 51 |
| 2 areas | 4.7% | 3 |
| 3 or more areas | 15.6% | 10 |
| answered question | 95.5% | 64 |
| skipped question | 4.5% | 3 |

Q5. Do you broadly support the joint commissioning of home improvement agency services across the four local authority areas?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 69.2% | 45 |
| No | 12.3% | 8 |
| Not sure | 18.5% | 12 |
| answered question | 97.0% | 65 |
| skipped question | 3.0% | 2 |

Q6. Do you think the proposal will...

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| make services more efficient? | 61.0% | 36 |
| improve the quality of services? | 44.1% | 26 |
| do neither? | 25.4% | 15 |
| Please explain why... | | 42 |
| Responses summarised in ii) Qualitative analysis | | |
| answered question | 88.1% | 59 |
| skipped question | 11.9% | 8 |

Q7. Do you think that independent living centre services should be included with this contract?

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| Yes | 52.5% | 32 |
| No | 13.1% | 8 |
| Not sure | 34.4% | 21 |
| If "No", please explain... | | 18 |
| Responses summarised in ii) Qualitative analysis | | |
| answered question | 91.0% | 61 |
| skipped question | 9.0% | 6 |

Q8. Do you have any other concerns or suggestions about home improvement agency services or the commissioning proposal? Please explain...

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| answered question | 46.3% | 31 |
| skipped question | 53.7% | 36 |
| Responses summarised in ii) Qualitative analysis | | |

ii) Qualitative analysis

This is a summary of responses to questions 6, 7 and 8. The total column shows the number of responses which included this phrase or something similar. Respondents may have used more than one phrase. Counts of 3 and over are highlighted.

| | Total |
|--|--------------|
| Existing services | |
| The existing HIA is effective/ efficient/ reliable/ excellent/ great. It has motivated/ professional/ experienced staff. It is a much needed service. | 6 |
| The current system means that service users wait too long for an assessment. | 1 |
| The proposals | |
| A sub-regional service will be beneficial to service users and partner organisations. It will provide a seamless service for the customer/ reduce duplication and administration costs/ improve management/ provide economies of scale. It will mean one performance management process/ a wider skills base/ greater consistency/ sharing best practice experience. | 18 |
| I cannot see how these proposals will improve the current service. | 3 |
| The current system works so do not change it. | 1 |
| Changing organisations will cause a lot of confusion for service users. | 2 |
| There will be costs in changing to a new organisation e.g. logos. | 1 |
| I am concerned that the reduction in funding/ different provider will result in poorer quality services. | 7 |
| These proposals could undermine existing third sector organisation that only work in one local authority area. | 1 |
| There is a risk that there will be job losses. | 1 |
| I am concerned that increasing the size of service area will result in poorer quality services/ lack of innovation. | 4 |
| A sub-regional service will mean losing local knowledge and contacts. | 2 |
| I am concerned that these services could end up focused on Bristol/ will be city-centric. | 3 |
| Private companies are more interested in profit than delivering good quality services. | 3 |
| I am concerned that the HIA may not help all clients who are currently assisted by LA renewal policies. | 1 |
| I am concerned that the service/ part of the service will be lost altogether. | 2 |
| HIA and ILC joint commissioning is a good idea. | 1 |
| A local ILC could be unaffordable. | 1 |
| Different expertise needed for an ILC and HIA. They should be co-located without being jointly commissioned. | 2 |
| Many other services support independent living. Is joint commissioning fair? Will it affect DFGs? | 1 |
| The ethics of HIAs is very different to occupational therapists. The proposals may not resolve current problems. | 1 |
| Fewer providers could impact on choice and control for service users. | 1 |
| The new service | |
| There should be a local presence in each area not just one central office. The services should retain their local identity. | 7 |
| Each council should choose the most appropriate services, not necessarily have them all. | 1 |
| The new contract should mean that residents get a home health & safety assessment - referring people if there are obvious problems. | 1 |

| | |
|---|---|
| The HIA will need to be aware of different local policies and priorities in order to give service users' correct advice. Links to national and charitable networks should be maintained. | 3 |
| Profits should be channelled back into services. | 1 |
| Control of budgets should remain with the local authorities. | 1 |
| It is important to have these services delivered by and governed by disabled people themselves. | 1 |
| Do not expand the client group to deal with all repair issues in private housing - this will dilute the service. | 1 |
| The HIA will need to ensure it gives correct information about other services - not raise unrealistic expectations. | 1 |
| There needs to be good communication, joint working and sharing information to save time and increase efficiency. | 2 |
| There should be standard specifications for adaptations to ensure consistency. | 1 |
| There should be training to help staff work with service users e.g. sensitive communication, understanding diversity. Staff need to be trained to carry out Housing Health & Safety Rating System assessments. | 3 |
| The contract and tendering process need to be of the best quality. Outcomes need to be well defined. Service improvements and savings efficiencies are not a given. | 3 |
| The contract should have dates for review and flexibility to change the details if appropriate/ improved contract management put in place. Assessment response times need to be monitored. Outcomes need to be monitored. Commissioners need to be able to make changes/ organisations need to respond. | 5 |
| A competitive dialogue process would help the tendering. | 1 |
| Service user assessment should be rapid. | 1 |
| Fees should be responsive to the target group. | 1 |
| Organisations may need support to sub-contract effectively. | 1 |
| ILC services | |
| An ILC needs to be accessible locally. | 4 |
| Independent living centre services are a crucial service and must be supported whatever the outcome. | 1 |
| There should be standard policies for the ILC so people do not have a postcode lottery with equipment. | 1 |
| An ILC should provide simple equipment. | 1 |
| Some people will need assessment in their own home not an ILC. It can identify needs the service user is not aware of. | 1 |
| An ILC should remain independent of equipment suppliers. Any conflict of interest needs to be managed. | 2 |
| ILCs do more than just give information on products and equipment. | 1 |
| There should be options for people to choose from. | 1 |

Appendix 3 – Written submissions

i) Stakeholder organisations

a) Avon & Fire Rescue Service

I have recently been made aware of the consultation version of the proposed West of England Home Improvement Agency Commissioning Strategy, and wondered the most appropriate mechanism for an organisation such as ours to provide feedback and some thoughts for the future.

The Fire Service provides "preventative" services via our Home Fire Safety Visits which include a risk assessment; educational input; night time routine and escape plans, together with the fitting of smoke alarms when appropriate. As such not only does this service improve safety but it should also assist independent living.

It won't be any surprise to you that a variety of demographic groups are more susceptible to the risks from dwelling house fires, not least the elderly and/or disabled. In order to ensure that our services are targeted as much as possible we have arrangements with a number of organisations who we have trained to identify "risk" from fire and make referrals to us in order to target our interventions. These organisations include; housing providers; social services; PCTs; assistive technology teams; domiciliary care agencies and also all the Care and Repair teams in the West of England.

Looking at the commissioning strategy I'm assuming that the new service will replace that currently provided by Care and Repair, and in that event I would wish to ensure that we are able to continue such targeting of these vulnerable groups via the new service. I've noted that the Fire Service is mentioned along with other agencies so assume this will be the case, however I wonder if there is perhaps an opportunity to expand and improve the service provided.

I would be more than happy to come to your offices for an informal discussion about the service we provide and the potential to improve the safety of future service users still further as the result of the new contract.

b) Advice Network

We welcome this opportunity to respond to the consultation on the commissioning of home improvement services. We are responding on behalf of the member agencies of Advice Centres for Avon¹ who work across Bristol, South Gloucestershire, North Somerset and BANES.

Whilst we will comment in detail in relation to each section of the consultation document, we are also aware of the Best Value Statutory Guidance issued by the Government in September 2011, in particular under the Duty of Best Value that:

¹ ACFA is a network of advice agencies which has been in existence for over 20 years. The Advice Network is a project created by ACFA and managed on its behalf by Avon and Bristol Law Centre

'..authorities should consider overall value including economic, environmental and social value, when reviewing service provision. As a concept, social value is about seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves'²

We are therefore concerned that this duty is not explicitly referred to in the consultation document, nor does the consultation document identify how the commissioning process itself will work. The document does not detail for example (this list is not exclusive):

- How each stage of the procurement process will be evaluated and scored, which elements will be identified and then what weighting and threshold will be given to each element to be evaluated and scored, in particular at the ITT stage.
- What key elements will be considered at the PQQ stage
- How references will be sought and whether track record will be considered within the procurement exercise.
- How 'additional benefit' will be measured and considered

We would therefore seek clarification on whether these issues and other issues arising from the process are intended to be addressed and made available for consultation and response as part of , for example, a market testing exercise (which has been undertaken in other recent commissioning exercises) but as we can find no reference to this within the table (page 21) we remain concerned that there is no opportunity to consider that the balance required by the Best Value Statutory Guidance is being appropriately applied.

In addition we note that the document does not reference in detail the cost effectiveness of preventive services, we are particularly concerned that such an omission underestimates how such services including home maintenance and repairs support both older peoples sense of well being and confidence in coping in the home³

1. Introduction

We note the purpose of the document; we would seek clarification on the balance of help provided by HIA's to homeowners and private tenants against those in social housing and what priority is given to those not usually assisted and the extent of these exceptional cases.

² Best Value Statutory guidance (1) Department for Communities and Local Government September 2011 ISBN 978 1 4098 3056 6

³ The importance of low level preventive services to older people. Joseph Rowntree Foundation 1998

We note the overall aims of the strategy, however we also note that at the consultation event we attended there was an emphasis on the provision of support to householders to consider alternative accommodation, however this is not identified as an overall aim although mentioned in 1.5.

We would welcome a clear analysis of how households who are required to pay will be assessed and the overall balance expected by the commissioners in this respect. We would welcome any additional information that can be provided on the extent of older people's savings, and equity across the procurement area.

Naturally we are concerned that as poverty continues to rise in particular for older and elderly people (who are impacted by higher inflation rates due to their expenditure patterns – see the 'Silver RPI' research by Age UK⁴) that the drive for a level of funding return from homeowners could undermine the aim of ensuring services are targeting those most in need. Therefore we would seek clarification on the ratio of service provision expected between these two groups.

We are further concerned about the aim to 'ensure a rapid discharge from hospital' whilst we understand the motivation behind this aim, we believe it would be more appropriate for this aim to be reworded; 'to ensure an appropriately managed discharge from hospital'.

1.2 Scope

We have no further comments

1.3 Context

We are concerned that the document appears to endorse the use of personal budgets without any critique of the impact of these on elderly people. The Community Care Network of providers in Bristol and surrounding areas remain concerned that whilst they work well for many people, if they do not work well and someone needs additional support there are not necessarily additional resources available either from the statutory or charitable sectors to support their needs. In addition so far as we are aware to date there has been a general reluctance to use personal budgets for adaptations and minor repairs, as there appears to be no track record of this, we would therefore wish to seek clarification as to whether the commissioners view as to whether they anticipate this to change.

1.4 Service Improvements

We are unclear about how the strategy supports the development of potential market providers and would welcome clarification on this. We note that section 3.4 identifies who these providers may be but not how they may be developed.

⁴ <http://www.ageuk.org.uk/silver-rpi>

1.5 Efficiency Savings

Whilst we understand the pressure on public sector budgets and the need to further rationalise and streamline services, we are concerned that agencies are being further pressed into seeking resources from other sectors. Recent reports demonstrate⁵ that demands on Trusts and Foundations by charities is significantly increasing, whereas the money available from these funding sources is at standstill or decreasing due to poor interest rates and investment returns.

1.6 West of England HIA Commissioning Project Board

Whilst we welcome the development of the Board, we would wish for clarification on how checks and balances will be maintained across the four commissioning authorities. We would also seek clarification on when it is anticipated that the Board will engage with service providers and in addition if there is any intention of engaging with service users.

2. Where We Are Now

As this is simply an account of current performance and provision, we have no further comments.

3. Thinking About the Future

3.1.1 Older People

We agree with the thorough analysis provided. We would like to further add that agencies we represent remain increasingly concerned about the rising levels of fuel poverty particularly amongst older people.⁶

In addition it should also be noted that the Winter Fuel allowance was effectively cut in the March 2011 budget (though the Government disputes this stating that the levels in 2008 -2010 were an interim measure provided by the previous government) reducing the allowance back to the 2007/08 rates, this represents a cut of £50 for people under 79 and £100 for those over 80, this is against a background of significant fuel price hikes in 2011.

This, along with increasing other costs which are borne more significantly by older people and with the corresponding increase in inflation rates and reduction in savings rates, will mean, we believe, that increasingly more older people will have fewer resources available to spend on the repair and upkeep of their homes. We would recommend that this needs to be taken into account of within the commissioning framework given it anticipates a level of paid for services.

⁵ Third Sector January 2011 www.thirdsector.co.uk

⁶ Interim Report of the Fuel Poverty Review John Hills Centre for Analysis of Social Exclusion, London School of Economics October 2011.

Further we would welcome any statistical analysis of older people in private sector housing across the procurement area and a breakdown if possible of those from BME communities.

3.1.2 People with Disabilities

Again we welcome the analysis provided; however it is important to add that many disabled people who claim benefits are being particularly targeted. The Government is determined to reduce the amount of working age people claiming DLA by 20%⁷

This alongside a plethora of other changes particularly regarding individual entitlement to Employment Support Allowance or Job Seekers Allowance is already having a significant impact on the resources available to people with disabilities. We believe that this reduction in personal resources to set to increase rather than decrease over the commissioning period.

3.2 Innovation and good practice

3.2.1 Service user involvement

We welcome the requirement for service user involvement. We would seek clarification on how user involvement will be measured by the commissioners. We would also seek further clarification on which groups of people or communities are considered 'hard to reach'

3.2.2 Service outcomes

Whilst we agree with agencies having to respond to service outcomes, we would however caution against such outcomes being reduced to a crude measure of success or value for money as what often matters more is to the change to the individual customer/client and those changes will inevitably be expressed differently⁸

It is also necessary we believe to ensure that a balance of analysis is achieved and that resources are appropriately deployed to ensure that the primary aim of the commissioned service; that is service delivery to clients/customers, is not undermined by measurement and reporting needs. In addition we believe that a satisfactory mechanism needs to be developed that is capable of identifying users with complex needs who often require multiple inputs by the provider.

3.2.3 New assistive technology

Whilst we understand that agencies need to keep a pace with new technologies particularly those designed to assist clients, we also believe that a high level of user involvement is needed to ensure that any assistive technologies are fit for purpose if user intervention is required and that users particularly those from hard to reach groups have equal access to such resources.

⁷ Welfare Reform Bill 2011

⁸ How to Measure Outcomes Advice Services Alliance 2010

3.2.4 Social enterprise

Whilst we do not disagree with the proposal, we believe that this expectation should be appropriately measured. Potentially interested parties will come from a variety of backgrounds (both commercial and charitable) and therefore it will be necessary to apply different measurements to ensure that any legal parameters impacting on agencies abilities to commence particular types of work are understood, coupled with an understanding of key business drivers that will be significantly different in each sector.

3.3 Forecast Funding

We have no comments to make on this section

3.4 Potential market providers

We have no comments to make on this section

3.5 Gap Analysis

We remain concerned about the driver for paid for services and how this will be balanced against those most in need and vulnerable, although we do acknowledge the constraints that all public services are working under.

Whilst we believe it is important that HIA services link in visiting health, local authority and other partner staff it is important to also acknowledge the reduction in public sector resources. Advice agencies are already experiencing the impact of cuts to these sectors with many services being significantly reduced and thus fewer referrals are being made from these traditional sources. In addition we would seek clarification on who the other partners are. We note that Bristol City Councils Private Housing Renewal Policy (Interim March 2011) identifies other partner agencies such as Avon and Somerset Police and Avon Fire and Rescue as well as the current HIA provider for example (we note these are listed in 4.4.3)

4. What is being proposed

4.1 Single provider

We would welcome a definition of what constitutes a Consortium. ACFA agencies currently participate in a number of consortia to deliver direct tendered or commissioned services from for example the Legal Services Commission and local authorities, the consortia arrangements differ, for example:

- Lead agency with legal responsibility for the contract involving other agencies to deliver and /or manage services on a sub- contracting arrangement
- A number of agencies each with a separate legal contract with the commissioned service holder operating under a binding working agreement

It should not be presumed that either model offers better value for money or one is more workable than the other; both arrangements are in existence and have worked equally well

4.2 Services

We have no further comments to make on this section

4.2.1 Information and advice

We welcome the inclusion of the range of advice issues covered. However we would wish to ensure that equality of access will be maintained for both vulnerable and hard to reach groups. Often the most basic information can be misunderstood by certain users when delivered through a telephone service. We anticipate therefore that the fuel poverty, debt and benefits advice will in the main fall into 4.2.2. It should be noted that a recent straw poll conducted across the 8 main advice agencies involved in delivering social welfare advice across Bristol and South Gloucestershire demonstrated that at a maximum between 25-30% of clients would be able to manage telephone advice, for the inner city agencies this fell to under 10% of clients

4.2.2 Casework, advocacy and support

Again we welcome the inclusion of this work as we believe this provides a rounded service to the client. However as with any agency delivering legal advice on benefits and debt we would recommend that the agency holds at minimum the General Help Quality Mark in advice. This will ensure that the client receives a service that is subject to external verification. This is already a requirement for agencies delivering advice through commissioned services for both Bristol City Council and South Gloucestershire Council.

4.2.3- 4.2.6

We have no comments on these sections

4.3 Independent Living Centres

We agree that combining an HIA with ILC services could work well; however we would expect there to be two key equitable drivers to a consolidation of services; efficiency and increasing choice and accessibility for service users

4.4 Service outcomes and standards

4.4.1 Overall service outcomes

Whilst the overall outcomes are laudable, we believe that helping to maintain dignity and respect is a standard as oppose to an outcome. In addition we would seek clarification on how reducing crimes against property will be monitored. We note that

burglaries rose by 14% in 2010/11⁹ and given the reductions in police budgets and the overall economic climate this is expected to continue to rise.

4.4.2 Service user requirements and outcomes

In addition to these we would suggest adding

- Help to maximise income

And rewording

- Be able to continue caring for a spouse to add; partner, relative or friend

4.4. Standards of Excellence

We have no further comments to add on this section

4.5 Partnerships

We have no further comments to make on this section

4.6 Monitoring arrangements

We refer back to 3.2.2. where there are a stated range of service outcomes anticipated which will need a level of monitoring to ensure compliance in addition to the general monitoring requirements to ensure balance across location, communities of interest etc. Whilst we very much agree that monitoring should be kept to a minimum this may require reducing some of the expectations in the document as a whole or alternatively devising other ways in which to capture such information via service evaluation as oppose to monitoring.

4.7 Contract length

Further clarification would be useful for example 3 year minimum with an option to extend for a further 2 years.

4.8 Fee charges

In reference to the 1996 Act, we wish to seek assurances that 'no fees will be charged for publicly funded works' is in fact lawful.

In addition we would wish to seek further clarification on whether publicly funded works include or exclude Wessex loans.

4.9 Procurement process

Please refer to our opening comments on page 1 of this document.

4.10 TUPE

⁹ British Crime Survey 2011

We would seek assurances within the timetable outlined in 4.9 that should TUPE be effected that the out-going employer provides information to the incoming employer at least 2 weeks before the transfer commences.

Further we disagree with the last paragraph; the new employer can vary a transferring employee's contract if the variation is to the employee's advantage¹⁰, they are only prevented from doing so if it is to the employee's detriment.

4.11 Equality Impact

We are grateful for the full EQIA being made available as an appendix. Nevertheless we remain concerned that the needs of particular communities are often masked by the broader analysis. We would therefore seek assurances that within the BME communities further work is undertaken to identify whether there are greater needs within some of these communities than others. The experience of the advice sector demonstrates that often the more newly arrived communities do not take up services at the same rate as the more settled communities.

4.12 Risks

We are concerned that the risk of poor future contractor performance is not sufficiently or robustly mitigated. We would therefore seek clarification on how poor performance is dealt with and what sanctions such as early cessation of contract exist.

4.13 Future service development

We agree with this proposal but would wish for clarification on who will be on the Project Board.

5. What happens next

We have no further comments on this section other than to seek clarification on points raised on page 1 of this document.

c) Bristol AgeUK

Thank you for the opportunity to comment on:

West of England, Home Improvement Agency, Commissioning Strategy

First I will make some general observations then comment on specific items. Important in delivery of Home Improvement services will be the provider's ability to link with other health improvement strategies and services. For an individual house holder, coordinated interventions from a number of agencies will be far more effective than each working in isolation. The Home Improvement provider will need to collaborate with voluntary, public and private sector organisations to deliver as seamlessly as possible to the client.

¹⁰ Power v Regent Security Services Ltd (UK EAT 0499/06)

The Home Improvement Agency's commissioning strategy seeks to link with national health and social care priorities. We feel these need to be made more explicit naming strategies and building in inputs from Bristol's NHS commissioners and providers in the tender information and requirements.

Anticipated outcomes from these strategies should form part of the measurable deliveries from the Home Improvement provider including halting or delaying onset of life changing events requiring intensive Health and Social Care interventions. Reducing hospital admission and readmission should be a key part of this.

To achieve this, the criteria for selecting the best provider must test their **proven experience**, capacity, commitment and enthusiasm for working collaboratively, particularly with the voluntary and public sector organisation. (They should be tested for service user involvement as well). It must test their ethos and commitment to go the extra mile to link with emerging strategies designed to improve health (e.g. spot purchasing), irrespective of whether there is financial reward for broadening the service. Demanding the measurement of health improvement outcomes will support this.

Our specific comments are as follows:

1.1 Purpose- good, including ensuring rapid discharge from hospital- however there is little evidence of health community participation in this document. We would have liked to see broader involvement in design. We do want to stress just how important and vital this service is!

1.4 Efficiency Savings- We welcome the efficiency advantages of single provider across the four local authorities.

3.3 Forecast funding- We are disappointed by but accepting of the financial savings Bristol City Council has introduced to the budget. We would hope to see their contribution protected for the remaining 5 years of the contract. The funding should be ring fenced and even increased if possible.

4.1 Single provider- We welcome the establishment of a single provider across the participating authorities.

4.2 Services- Table of services- Would like to see consistency across the four authorities. For example- Hospital discharge and reablement.

4.2.2 Casework, advocacy and support- We welcome these and would like to see a clearer link with care planning processes.

4.2.3 Hospital discharge and reablement services- We would like a requirement for quick response to this, preferably before patient leaves hospital. There will increasingly be all kind of needs and opportunities to prevent unnecessary admissions to residential and hospital care which this provider will be vital in supporting- and also discharge and reablement.

4.4 Service Outcomes and Standards- those listed mostly appear to us as measures / inputs rather than outcomes. To tie this document into health and social care strategy, measurable outcomes could include for example:

- Reduced admissions in secondary care (Prevention).
- Reduced readmission through improved transfer arrangements / discharge plans
- Reduced residential home admissions and social care crises

4.5 Partnerships- As referred to earlier provider's ability to deliver on this needs to be tested within the tendering process.

4.7 Contract length- We favour 5 years to build service but with provision of comprehensive review in third year.

We welcome the chance to comment on this vital support service for older people- as another major older peoples' support organisation. We reiterate that the successful provider must demonstrate their commitment to working closely with providers like ourselves and be prepared to be flexible and innovative as the demand for home support and independence continues to grow.

Finally, we would welcome the chance to get involved in refining or developing the specifications for this service and working with users on it if that were possible.

d) Equality B&NES

Equality B&NES is pleased to have the opportunity to submit our views on the consultation on the proposed Home Improvement Agency Commissioning Strategy.

Equality B&NES has been established to give a voice to the many people who are disabled or live with long term health conditions in Bath & North East Somerset. We are developing a network of disabled people and their carers to consider and comment on issues affecting their lives and use this information to help public bodies develop services which are more responsive to their needs.

Due to pressure of other work we have been unable to consult our members on this proposal to the extent that would be our normal practice. However we hope that this response will be helpful.

We recognise that in the current climate all public organisations must look to achieve savings and maximise efficiency and that this proposed commissioning strategy has the potential to do so. As such we are supportive of the overall objective of the strategy. We have two immediate areas of concern.

Firstly we want to be assured that the service will meet the needs of the rural areas of B&NES in a comprehensive manner. Although the strategy acknowledges the rurality issues in B&NES and North East Somerset we would want to see specific assessment criteria in the procurement process which require the tendering organisation to demonstrate their understanding of rural issues and an opportunity to assess the quality of their approach to dealing with them.

Secondly we would want the contract awarded to an organisation which will recognise the importance of promoting its service to self-funders, and doing so at affordable prices. As the strategy document acknowledges there are growing numbers of elderly people across the West of England, and not all of them are living in poverty. Nevertheless as they age some lose confidence in using tradesmen, even for jobs they may have done themselves in the past, and home improvement services which provide trustworthy services can give peace of mind. We believe that there is a considerable potential market for such a service and want to see the plans of the contractor to develop the market included in the assessment of tenders.

With regard to the inclusion of Independent Living Centre services within this contract we are not convinced that this will produce a beneficial outcome. Although it is obviously important that the ILC services work closely with home improvement services we recognise that the current provider Living also provide other services which are only loosely related to housing issues, most notably their mobility service. We think it would be undesirable to see independent living solely as a housing issue.

We are concerned that the ILC aspect of the procurement process will only be a small part of the total value of the contract and that the successful bidder for the housing improvement services may not have given great weight to the ILC aspect of their bid, resulting in a poorer quality service than is currently available.

We feel that the market in the West of England area for ILC services is not well developed to provide a credible alternative to Living. Consequently, unless Living is part of the successful partnership bidding for HI services there is a risk that there will be a significant gap in provision of ILC services until an alternative provider can be established.

We hope you will find these comments helpful.

e) South Gloucestershire Disability Action Group (extracts)

Care and repair are a well established group now as we are aware many members of ours have used their services along with other agencies. We have had people as speakers from this group to our meeting some time ago. With people living independently in their own homes has proved to work for some and having a set of bungalows as neighbours but not warden based over 30 years for elderly people next door has given me an insight to many problems occurred.

People in their 90 s with not many friends still alive has thrown up many emotional problems and as many have children that do not live local also has shown to be very awkward at times. My neighbours of 91, 92, 85 etc are trying with help but as some are quite house bound now do not see many people. Working with all the various people around south gloss we have covered many aspects needed to ensure our members and friends continue to receive the information available.

We have told the relevant groups around us as we will relay to you, when Stair lifts and adaptations are needed the more the people know about these things the better. Many can be afraid of Electricity even the showers and are used very little at times, also some fear the gas heating systems also.

Although this is far more easier than years ago people with all the scare mongering are still not using what they should either they have the gas or have food as some do not see the money given as the purpose it is needed for.

Feedback from various people say that Care and Repair are so slow they need the work done now not in 2 months time. No one really had a good word for them and sometimes wished they hadn't used them.

Hope this is a reply you were looking for please try to get things right for the future as many will need help due to the ageing population around us.

f) West of England Rural Network

The West of England Rural Network is a organisation established to provide an expert resource for rural communities in South Gloucestershire, Bath & North East Somerset, North Somerset & Bristol.

We support and work with communities, businesses, social enterprises, organisations and individuals on a wide range of topics that impact on rural areas. We work with local authorities, other statutory services, the new West of England Local Enterprise Partnership and central Government departments (DEFRA, OCS, DECC and DCLG) to influence policy and to ensure that the impact on rural communities are always considered.

Being affiliated to ACRE (Action with Rural Communities in Rural England) and the South West ACRE Network (SWAN), we are able to call on the expertise and experience of colleagues from across the Rural Community Action Network. This consultation has only recently been brought to our attention and as a result, our response is somewhat limited by time constraints given the time of year. However we have a number of issues that we would like to be taken into account in the consultation;

1. We have been running a Village Agent scheme in the Chew Valley for two years, initially funded by B&NES Council, subsequently B&NES PCT and now by a charitable trust. The information and experience we have gained over this time would be invaluable to how a future service should be commissioned and specifically with a view to the provision of a service in rural areas.
2. We are concerned that despite references made to the rural populations in the proposal document, the reality of delivery of a service to rural areas as opposed to the urban settlements is at best patchy and often nonexistent given the isolated nature of rural clients particularly with regard to traditional delivery methods of advocacy support and signposting.

3. Linked with this rurality issue is the availability of access to follow on services and particularly problems with access to public transport and access to information via the internet for the rural client group.

4. We would suggest that the proposal needs to be properly and transparently 'rural-proofed' and specific evidence and monitoring needs to be incorporated to ensure rural clients are having their needs adequately met.

5. How does this proposed service link in with existing schemes such as our Village Agents programme or the Somer Assisted Living scheme?

6. We have specific and detailed data for the older populations in rural areas and the limited information in your consultative paper understates the rural older population. In addition the data concerning fuel poverty when analysed on a rural basis presents different weightings which would impact on the nature and type of service commissioned.

On a procedural matter could you also advise us how the consultation was advertised to 'stakeholders' and in particular who was invited to the Providers day on 7th November?

We would be very happy to meet with you or your colleagues in the New Year to share with you the data we have and the findings from our Village Agent project.

g) Yate Town Council (extracts)

At the Yate Town Council meeting held on 18 October 2011, members received and considered South Gloucestershire Council's consultation in relation to helping older people and disabled people live independently.

It was agreed that the following comments be submitted to South Gloucestershire Council in response to the consultation:

* Local members have first hand experience of the difficulties encountered by older people trying to live independently in the community, yet being hampered by bureaucratic procedures. For example:

* for wheelchair users to get dropped kerbs outside of their properties it costs £74 to make an application to the Development Control Panel before it is even considered as an option;

* in terms of elderly people being re-housed in the area, there are far too many forms to fill in. Also the process is flawed as notifications are not received to advise that once stage Y is completed, the next stage to follow would be Z. Also, housing waiting lists are akin to a game of snakes and ladders. Such procedures are not helpful to elderly, vulnerable people.

* Local people reaching retirement age who wish to downsize find it difficult and expensive to find suitable bungalows locally;

* It is almost impossible to get enough points to move into housing association accommodation and the housing association only have a limited budget for

compensating tenants to encourage them to downsize (It is understood that it has now run out at Merlin);

* More luncheon clubs might help. Councillors hear that transport to and from them is a problem.

ii) Potential providers

a) Alliance Homes

Thank you for inviting Alliance Homes to participate in your consultation.

We have invited individual residents and our residents' groups to make independent comments, but have not tried to influence them. We publicised the community stakeholder day too.

The comments in this letter are made as a community stakeholder, as a social enterprise and as a landlord, as well as a representative of our service users. We intend to submit a tender, as we want to provide a great service to the communities we serve.

Joint procurement

We agree that there will be economies and benefits for commissioners, providers and service users in combining the services, although the complexity of consortia bids and wide delivery requirements will increase some costs for the service providers.

We hope that commissioners will see the benefits of the full range of services and over time will wish to enhance the service offer so that a common service offer is feasible

In order to combat the potential problems and costs of too many commissioners and stakeholders, it is important that there is a single contract management group who have authority to respond on contractual issues.

Independent Living Centres

Although we have found a variety of ways to operate and integrate the ILC service, especially to provide a more local service, it would be better to issue a separate contract. The Living service in Bristol has market dominance, and accordingly if they partnered with a single contractor could offer that contractor a disproportionate advantage in the tender. This could lead to legal challenges.

Outcomes and Performance Indicators

We support any moves that will improve the relevance of outcomes and performance indicators. There is a danger, however, in setting these post-contract, as providers will not know how to design their services.

b) Aster Living

Draft questions/comments:

Fees:

The document proposes that a single contract payment is made and no fees will be available for each DFG job completed. Whilst we understand the primary focus is on outcomes we feel that the payment of fees per job completed acts as an incentive to the service provider to ensure targets are met and income maximised.

Policies and Procedures:

The document outlines a number of different services being delivered across each of the four local authority areas. Each area will also require a slightly different type and level of service and we presume each will have a different procedure in order to achieve a similar outcome. In order to achieve maximum efficiency and ensure the smooth running of the contract we believe the partnership should move towards a common set of services, policies and procedures within the first year of the contract. This will make the process more transparent, easier to monitor and allow the service provider more time to focus on delivery of the service.

Accessible Housing Service:

The document outlines the new Accessible Housing Service in Bristol. How do the partnership see this service linking with the service provider and what work will be retained 'in-house' and what work will be referred to the provider?

Contract length:

We believe that given the level of investment required to establish the new service across the partnership area commissioners should consider a contract length of 5 years to achieve the best level of service and value for money.

TUPE:

We would ask that the commissioning partnership ensure any TUPE list is accurate and reflects the actual structure and costs of the existing service. We have experience from previous tenders of existing providers adding extra costs and, in some cases, staff into TUPE lists which may impact on tender prices and stifle effective competition.

Service table – page 16 of the strategy document:

There are a number of questions about this table and the information it contains which seem different to the information given at the 'Meet the Buyer' event. These are:

1. Hospital Discharge and Re-ablement: Is the tick in the wrong column? We understood that this service would not be included in North Somerset but would be included in BANES.
2. Why is there no Housing Options service proposed for South Gloucestershire? We believe the agency is in an ideal position to compliment the Council's Housing Options service and assist a range of service to ensure clients are adequately housed and in the most suitable housing for them

3. Why is there no DFG work proposed for South Gloucestershire? The HIA volumes table on page suggests the existing provider does undertake this work.
4. Handy –person service – We understand that South Gloucestershire currently have their own handy-person service. To achieve maximum efficiencies and provide a consistent service across the contract area will the commissioning partnership consider extending the Handyperson service into South Gloucestershire?
5. Why is the training of professionals not included in BANES and South Gloucestershire? We believe that full training of the statutory and voluntary agencies is key to help establish the service and achieve maximum publicity for the providers' services.

Independent Living Centre:

How is the current service in Bristol funded? How do commissioners see the integration of the existing service with the new provider? What vision does the partnership have for providing a more accessible service across the contract area?

The ILC functions are not limited to HIA activities and promote a range of other services such as community equipment/Telecare/ personalised budgets etc. With this in mind funding and TUPE liability becomes difficult to determine. We would welcome more clarity on the activities of the ILC in relationship to the proposed contract.

Social Enterprise

The document mentions social enterprise as an approach to minimise financial risk and build sustainable businesses. (Reinvesting its surplus to deliver a range of activities) Does this limit the bidding process to not for profit organisations?

Partnership working

Regionally and nationally more services are being procured together to ensure these services work in a holistic fashion. Community Equipment provision is a service which complements the HIA provision. Is there an agenda to procure the community equipment in a similar timetable?

For the PQQ is there a requirement for lead providers to have their partners in place? Are there any rules related to partners being part of multiple bids, such as the ILC being named by all bidders?

Timetable

The timetable published in the Commissioning Strategy indicates that the contract will commence from the 15 June 2012, just 15 days after the end of the Standstill period. Given that any new successful provider will have to make a significant investment in the area in order to implement the contract, and this investment cannot be committed until the Standstill period has expired, do the partnership believe this is sufficient time for a successful handover to be achieved?

c) WE Care & Repair

Introduction

West of England Care & Repair (WEC&R) broadly welcomes the proposals set out in the consultation document. Over the last 18 months WEC&R has actively pursued opportunities to work outside the long established geographical area; believing that this will improve service standards and deliver cost efficiencies.

WEC&R is able to provide the locally tailored services required by 3 of the different authorities in the West of England area. This flexibility has enabled the current

delivery of cross authority HIA working. The aim is to deliver integrated processes while maintaining local, accessible advice and skills.

After discussions with *Living* over the past 18 months it is clear that there is significant scope for much closer working between the two services. WEC&R supports the inclusion of the assessment centre within the tender, although greater clarity on specific local needs and expectations is required.

We are unable to comment specifically on pricing (funding levels indicated in the document) because the document does not expressly set out desired outputs (volume) and outcomes (quantity/volume).

The following remarks follow the structure and headings of the consultation document.

1.3 Context

Personal Budgets (PB's) are increasingly part of the health and social care landscape. WEC&R requests a review into PB's and its impacts on older people (possibly as part of the Equality Impact Assessment if the strategic move is significant). A review should focus on ensuring an individual's PB is not spent 'several times over' by different providers (carers, support services, floating support, HIA services, etc).

Much HIA work reduces financial pressures on the NHS who are minority funders. We would welcome a far greater involvement from the Health and Wellbeing Board in the design, and assessment of HIA preventative services.

1.4 Service Improvements

WEC&R welcomes the drive to improve services and has worked with local commissioners to introduce charging, maintain & improve service user outcomes, manage reductions in funding and help mitigate the impact of the current economic environment.

2 Where We Are Now

3 Thinking About the Future

3.2.2 Service outcomes

WEC&R welcomes reporting on outcomes and currently delivers reports that include both activity and outcome measurements. However, monitoring and reporting can represent a significant commitment of resources for a provider; it is suggested, where possible, that commissioners harmonise reporting outcomes and make these clear in the tender.

3.2.4 Social enterprise

Some elements of HIA contracts are more commercial than others. Some HIA's deliver high volumes of less complex work, such as carrying out all the DFG work in an area. Other HIA's focus on supporting vulnerable old and disabled people with more complex needs. Clients with complex needs do not fit easily into a commercial

model of trading. WEC&R welcomes direction from the commissioners as to their aspirations in this area.

3.3 Forecast Funding

WEC&R would like the consultation document to acknowledge the discussions with Bristol City Council (BCC) over the funding for HandyPerson (HP) service and the fact that the £106k DCLG allocation for 2011/12 in Bristol was not passed on to a supplier of HP services. The equivalent funding in 2010/11 was £140k and was passed on. As a result of the £106k not being passed on the core SLA value was preserved.

The Housing Options Service (funded from Neighbourhoods at BCC) up to March 2011, was supplied from the core SLA contract for part of 2011/12 and has also received funding from a pilot project with Neighbourhoods. These changes are not clearly identifiable in the consultation document and this may need clarification in any tender document.

The consultation document does not contain detailed measures for ongoing levels of activities and expected levels of outcomes. It is therefore not possible to comment on the proposed level funding in relation to future service levels.

3.5 Gap Analysis

WEC&R is concerned about the driver for paid services and how this will be balanced with those most in need. The savings to the public purse from subsidised, but low cost preventative interventions, should not be underestimated. The state accrues many benefits from minor preventative work etc.

4 What is being proposed

4.1 Single provider

WEC&R welcomes a single provider model: it simplifies management; reporting and procedures; makes local services more robust; improves the depth of resource available locally; and, increases the financial stability of the provider. The area also geographically map more closely to health services.

It is understood that all members of a consortium must go through the PQQ stage. However, clarification is needed regarding whether a sub-contractor must go through the PQQ process.

4.2 Services

The broad range of services each commissioning local authority require is welcomed, as is flexibility within the proposed contract to meet local need and aspirations. However, significant advantages in terms of service delivery and responsiveness could be gained from a single HP service, particularly in facilitating hospital discharge.

4.3 Independent Living Centres

Significantly closer working of the sub-regional HIA with ILC services is welcomed. It is understood that each authority uses of the current ILC differently; clarification in the tender of each authorities requirements would be welcomed.

4.5 Partnerships

More specific aims and objectives from the commissioners would be useful. If partnerships are to be included in the tender and scoring process then this must be clear in the tender documentation.

4.6 Monitoring arrangements

Monitoring should be simple and consistent across all authorities. The commissioner's expectations should be included in the tender as extensive outcome reporting would impact pricing.

Monitoring could provide:

- clarity in delivering the aims of the third paragraph of 3.2.2;
- a basis for dialogue between provider and commissioner;
- measures of outputs and outcomes;
- the use of trends to provide evidence of service development;
- an easy basis for ensuring the continuity from one quarter to another;
- clear boundaries where commercial confidence is required.

4.7 Contract length

The contract length alters pricing risk and return, a shorter contract length is more restrictive, especially for setting up new schemes, than a longer one.

4.8 Fee charges

There is concern that inequality may be caused if fees are charged by local authority services for public funded works while external agents are not permitted to charge fees. It is recognised that some HIA's have contract fees that form a substantial element of the contract value. In this instance fees can be a substantial motivator to increase work throughput and the scope of work agreed in partnership with a local OT. At minimum it would be useful to highlight the loss of income from the current arrangements and also if the proposed changes to fees includes Home Improvement loans (Wessex).

4.9 Procurement process

In other HIA contracts a post award handover period has been identified (usually 2 to 3 months). This enables providers to handle TUPE issues, set up services and establish systems & controls. It is requested that the project timetable included in the tender sets this out.

4.13 Future service development

It would be useful to clarify structure, composition and workings of the project board.

5 What happens next

WEC&R has worked hard to ensure as many clients as possible are aware and involved in the public consultation. It is recognised that the majority of clients do not have access to the Internet and so WEC&R sent the public consultation questionnaire to them in paper format. Nearly 3,000 have been returned (30% response rate) and these will be presented to the HIA project manager. WEC&R also arranged for as many clients as possible to attend the public stakeholder meetings held in November.