

HERTFORDSHIRE COUNTY COUNCIL**SPECIAL CABINET PANEL****WEDNESDAY, 6 MAY 2020 AT 10:00AM****SUPPORTING ADULTS WITH COMPLEX NEEDS STRATEGY 2020**Report of the Director of Adult Care Services

Author: Sukhvinder Rai, Development Manager, Strategic Partnerships Team. [Tel: 01992 588479]

Executive Member: Richard Roberts, Executive Member Adult Care and Health

1. Purpose of report

- 1.1. To invite the Special Cabinet Panel to comment and endorse the Hertfordshire Supporting Adults with Complex Needs Strategy (the Strategy), attached as Appendix 1 to this report.

2. Summary

- 2.1. This report highlights significant developments across several key areas of the complex needs and homelessness agenda. These include:
- Effective partnership working to develop the draft Strategy, incorporating strategic objectives that align with [Hertfordshire's Prevention Strategy 2019 \(Agenda Item 3\)](#), and recognise the multi-faceted service interventions required for the complex needs cohort.
 - Development of a Housing Related Support and Adults with Complex Needs [Joint Strategic Needs Assessment briefing 2019](#) (JSNA) to enhance understanding of the complex needs and homelessness agenda.
 - Development of a pilot in Broxbourne; reviewing new ways of working together, across agencies, to deliver services for adults with complex needs.
- 2.2. For the purposes of this report, the definition of complex needs refers to an individual with two or more needs affecting their physical, mental, social or financial wellbeing. This could include, but is not limited to; mental health issues, homelessness, substance misuse, domestic abuse, physical ill health, learning or physical disability.
- 2.3. The vision of the strategy is: *Working together. Delivering prevention focused services to enable adults to live independently.*

3. Recommendations

- 3.1. The Special Cabinet Panel is invited to note the information contained within the report and recommend to Cabinet that Cabinet agrees the Hertfordshire Supporting Adults with Complex Needs Strategy.
- 3.2. The Special Cabinet Panel is asked to recommend to Cabinet that Cabinet agree a planning period to help shape commissioning intentions in discussion with stakeholders.

4. Background

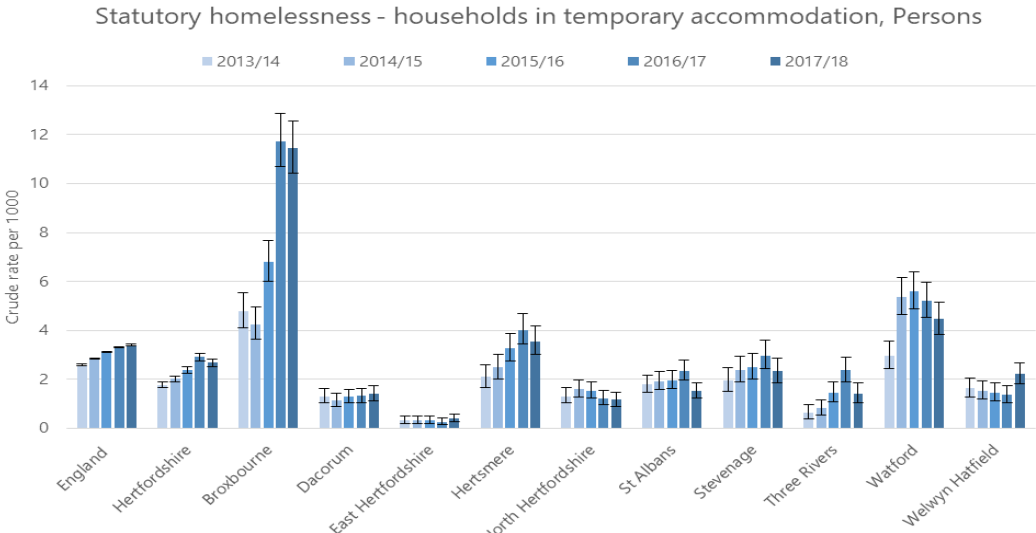
- 4.1. Housing related support (HRS) services for adults with complex needs, have been commissioned by Hertfordshire County Council since 2003, with the purpose of enabling adults with a range of support needs to live as independently as possible in the community. These services were previously within the national Supporting People Framework and associated grant funding.
- 4.2. The County Council remains the responsible budget holder for the related funding; local authorities have flexibility to seek solutions and allocate funding according to locally determined priorities and need.
- 4.3. HRS services have developed organically across the county over the decade. The service provision accommodates and supports a homelessness cohort with a range of needs such as mental health, drug and alcohol dependencies, physical or ill health. Incoming referrals and assessments can originate from Hospitals, Police, Prisons, local District and Borough housing departments or community mental health services, and the pathways into housing related support services can be disjointed. Similarly, funding sources can be equally disjointed with more than one public sector organisation investing in the same service provider to achieve the same outcomes.
- 4.4. Evidence suggests that simply having appropriate long-term accommodation does not achieve positive outcomes for those who are often the most socially isolated and excluded people within our communities. The support element for people with complex needs is vital in enabling them to sustain the accommodation and to prevent them falling out of the system.
- 4.5. Whilst there are a range of community services in place to meet specific support needs such as drugs and alcohol, mental health, domestic abuse, physical health and homelessness, there is evidence to suggest that such needs interact with and exacerbate one another, leading to people experiencing several problems simultaneously. As a result, people often find themselves falling between services or not meeting individual statutory service thresholds, which in turn results in the continuation and escalation of the increasing complexity of being homeless and having a number of health and support needs to address. A scenario is outlined in a case study attached in Appendix 1.

- 4.6. To initiate a common understanding of the current Complex Needs agenda, Adult Care Services has produced a high-level Strategy. The Strategy has been developed through engagement with service users and stakeholder representatives from;
- The Ministry of Housing, Communities and Local Government
 - District and Borough Councils (Housing)
 - Public Health Analysts
 - Public Health Drug & Alcohol Commissioning leads
 - Hertfordshire Partnership Foundation Trust
 - Children's Services/Families First
 - Probation Services
 - Office of the Police Crime Commissioner
- 4.7. Stakeholders have agreed the vision, strategic aims, commissioning principles and the following strategic priorities;
- **Preventing** and reducing care and support needs ([Adult Care Services 15 Year Plan](#))
 - **Preventing** Homelessness and reducing Rough Sleeping (including families)
 - Connected Lives – helping to **support people** to remain in their homes and connected to communities
- 4.8. Improving health and wellbeing and preventing ill health (due to homelessness): the Strategy will inform the County Council's approach to re-designing HRS services and underpin further planning and subsequent implementation of a commissioning solution that is evidence based, consistent, fair and cost-effective in meeting the needs of people with such vulnerabilities. The services will continue to be prevention focussed, reducing the need for more costly statutory interventions. The JSNA briefing , examines the causal factors of homelessness, identifying mental health, physical health and disability and domestic abuse as the most common reasons leading to homelessness in each District (the support needs are self-reported and not all will meet Care Act 2014 eligibility). This insight allows the opportunity to target resources according to local need – addressing any disparity.
- 4.9. The vision looks towards Hertfordshire's ambition to provide the opportunity for everyone to achieve their full potential. The strategic priorities align with Hertfordshire's Prevention Strategy 2019 in ensuring that "services work in more preventative ways – providing those things to our residents that are likely to avoid or reduce their losing independence and avoid or reduce need for a more costly or complex service in the future."
- 4.10. Developments so far recognise the co-dependency of HRS services on other services such as housing, community mental health and drug and alcohol. This co-dependency and findings from the JSNA steer the need for a partnership approach to be considered to tackle the complex needs agenda.

Local and National Picture

4.11. The rate (crude per 1,000 households) of statutory homelessness in Hertfordshire in temporary accommodation saw an increase from 1.8 in 2013/14 to 2.7 in 2017/18, see Table One. The England average saw a similar statistically significant increase over the same time period. The Hertfordshire district with the highest rate of statutory homelessness was Broxbourne, which also saw a statistically significant increase from 4.8 in 2013/14 to 11.4 in 2017/18.

Table One: Statutory homelessness in Hertfordshire 2013 to 2018



Source: Numerator: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> . Table 784. Denominator: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> . PH.Intelligence@hertfordshire.gov.uk

4.12. In 2017/18, the districts with statistically significant higher rates of statutory homelessness, households in temporary accommodation than the Hertfordshire average (2.7) were; Broxbourne (11.4), Watford (4.5) and Hertsmere (3.6). In addition, the Ministry of Housing and Communities and Local Government report that between April and December 2018, in Hertfordshire over 3,000 homelessness approaches were made and of these, over one third had self-reported support needs.

4.13. Recent national legislative changes and welfare reform have contributed to the drivers for change, namely the Homelessness Reduction Act 2017 which amended the Housing Act 1996 by inserting new duties on specified public bodies, including the County Council, to refer people who are homeless or threatened with homelessness within 56 days to a local housing authority. Other public bodies on who this duty applies include:

- Prison, Probation and Youth Offending Teams
- Emergency NHS Departments

- Regular Armed Forces
 - DWP and Job Centres
- 4.14. National [Evidence](#) also shows that people who experience homelessness for 3 months or longer, cost on average a total of :
- £4,298 per person to NHS services
 - £2,099 per person for mental health services
 - £11,991 per person in contact with the criminal justice system

Commissioning and Procurement

- 4.15. A review of current services is underway to gain a clear understanding of provision. This has brought about clarity on the current role of the County Council in a very complex landscape of service provision in which a number of statutory partners, including District/Borough Councils, also fund to achieve the same strategic objectives and service user outcomes.
- 4.16. It will be the County Council's role to:
- Provide a strategic overview of homelessness and housing related support needs;
 - commission housing related support services for adults with complex needs, adopting an evidence-based approach;
 - work in partnership with agencies to re-design service models;
 - influence partners to work with us on the Complex Needs agenda;
 - pilot and evaluate new ways of working.
- 4.17. Current funding across the County is based on historical arrangements linked to the Supporting People Grant funding. By utilising the JSNA, reviewing current service provision and scoping the demographics of the County; an evidence-based approach to commissioning future services at District level is being sought. This will be achieved by working within the guiding framework, which the Strategy now establishes. Further data is being collated by District/Borough councils to support this approach. District and Borough Councils acknowledge there is a need for support needs data to be adequately and consistently collected, to ensure it is robust and comparable. The data will be used to target housing related support funding according to need and demand.
- 4.18. A measured approach will be taken, in relation to developing commissioning models and a phased procurement process will commence in 2021.
- 4.19. A nine-month pilot has been approved by Adult Care Services Management Board in the Borough of Broxbourne. The pilot will be funded by a current underspend in the HRS budget relating to a decommissioned service for a nine-month period. This will be an innovative approach to developing a complex needs model to inform future re-design of housing related support services. The model will be evaluated in order to determine whether it can be a template for future service provision.

- 4.20. Broxbourne is selected in recognition of a district that currently has limited HRS provision and the highest rate of homelessness and support needs. The pilot model will test the guiding commissioning principles in the Strategy; co-location of mental health, housing and drug & alcohol services, a single pathway into services that meet a spectrum of need, with the most complex needs being met in a Housing First¹ type accommodation-based service. The pilot will also need to test the cost viability of such a model and its effect on prevention outcomes across Public Health, Housing, Adult Care Services, Children's Services and Community Protection.
- 4.21. The illustration in Appendix three, compares the current service model and the proposed model for the pilot in Broxbourne.
- 4.22. Further engagement is continuing, to seek wide support for the Strategy across all Public Sector organisations. A detailed planning phase is then intended before commencement of re-commissioning activity.

5. Financial Implications

- 5.1. As part of the Integrated Plan, housing related support services have been recognised as preventative services and therefore have no savings target in 2020/21 against a budget of £4.7m. Following the contract end of a facility for ex-offenders, there is currently a small recurrent underspend with which to pilot new approaches, for example the Broxbourne Complex Needs Pilot.
- 5.2. Re-commissioning may mean a re-distribution of investment across the county, in line with the evidence base we are compiling.

6. Equalities Implications

- 6.1. When considering proposals placed before Members it is important that they are fully aware of and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 6.2. Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 6.3. The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender

¹ Gives people who have experienced homelessness and chronic health and social care needs a stable home from which to rebuild their lives. Provides intensive, person-centred, holistic support that is open-ended.

reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

- 6.4. An overarching Equality Impact Assessment (EqIA) has been undertaken and this is annexed at Appendix two. Minimal potential impacts have been identified. It is proposed to address any potential negative impacts through the housing related support service procurement and tender process. The strategic aims and guiding commissioning principles outlined in the Strategy, propose to join up and integrate service pathways. It is anticipated that there will be positive impacts for service users with complex needs as a result of re-designing services so that support needs can be identified earlier. Meanwhile, a process will be agreed for collating standardised data on specific groups in District/Borough areas. This will enable a better understanding on the future needs against the individual protected characteristics.
- 6.5. A further EQIA will be undertaken to ensure that that any proposed service model is inclusive and that the appropriate measures are in place to mitigate any inequalities identified.

Background information

[Hertfordshire's Prevention Strategy 2019 \(Agenda Item 3\)](#)

[Joint Strategic Needs Assessment briefing 2019](#)

[Adult Care Services 15 Year Plan](#)

APPENDIX ONE: CASE STUDY

Support needs: Housing, mental health, alcohol abuse, drug abuse and physical health

Services involved: Borough Council housing, prison, hospital, mental health team, specialist supported accommodation scheme

Case Summary

Person B has a history of mental health issues and self-harming behaviours and has been in prison and hospital in the past. Person B had been sofa surfing between various friends/ relatives but had been asked to leave. When approaching the Council as homeless a mental capacity assessment was carried out by the mental health team and it was confirmed that Person B had been asked to leave their current accommodation due to behaviours caused by mental health issues. Person B was assessed as having high care needs and their behaviour was sometimes violent so there were concerns over where to place them and whether they were able to live independently. Later that week the police were called to an incident where Person B was staying, and they were asked to leave again. The outcome of the mental health crisis team's assessment is that Person B is not a risk and is able to live independently.

Placement in Council temporary accommodation

Person B was considered unsuitable for mental health supported accommodation due to alcohol dependency, however Person B did agree to move in two months later.

Placement in specialist mental health supported accommodation

A professionals' meeting was called over concerns about their behaviour within the specialist supported accommodation. After serious incidents and aggressive and violent behaviour which required police involvement, Person B was served 28 days' notice and evicted. At a professionals meeting it was confirmed by staff from the local mental health team that their behaviour was due to mental ill health but also partly attributable to misuse of drugs.

Second placement in Council temporary accommodation

Following eviction from specialist supported accommodation, Person B was placed in Council temporary accommodation where there were several more incidents of aggressive, violent behaviour resulting in extensive damage to the property and the police being called. There were multiple disturbances where Person B was self-harming, damaging the property and causing complaints from other residents as they were fearful of Person B's behaviour. The police were then called for a third time and Person B was sectioned by the police and taken to hospital and the temporary accommodation placement ended.

Person B is currently in hospital