

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care
<b>Date of Decision:</b>	24 June 2015
<b>Title:</b>	Supporting People: Remodelling Social Inclusion Services
<b>Reference:</b>	6652
<b>Report From:</b>	Director of Adult Services

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#### 1. Executive Summary

- 1.1. This report outlines the proposed changes to the Social Inclusion Services that were previously funded through the Supporting People programme. These changes are being proposed following an extended review of services.
- 1.2. Reductions in the Supporting People budget for 2014/15 and 2015/16 were agreed by Full Council on 20 February 2014.
- 1.3. On 30 July 2014, the Executive Member for Adult Social Care and Public Health determined the Council should delay implementation of spending reductions in homelessness services, specialist offender's services and the veteran's service until the end of March 2016. For the purposes of the review and in recognition of wider outcomes, this group of services are referred to as Social Inclusion services.
- 1.4. This report outlines the work that has been undertaken since the July decision day, and seeks to inform the Executive Member for Adult Social Care of the outcomes of the extended review of these services, setting out a proposed approach for the Council to deliver the services.
- 1.5. Prevention and Early Intervention services, such as Social Inclusion services within the Supporting People programme, have always been integral to Adult Services' strategy. These services deliver interventions for people who may not meet eligibility criteria for social care, to reduce the levels of need within non-statutory cohorts, thereby reducing pressure on Hampshire County Council and wider statutory services.
- 1.6. This report takes into account the duties under the Care Act 2014 which came into force in April 2015.

## 2. Contextual Information

- 2.1. The Supporting People Programme existed to commission services to support vulnerable people with housing-related support needs, for the purpose of developing or sustaining their capacity to live independently. Eligible service users have specific and identifiable vulnerabilities that render them in need of support, and the support provided directly contributes to that service user's ability to live independently.
- 2.2. The programme was designed to meet the needs of a range of cohorts, including people who needed support but were not eligible for statutory services and includes two distinct types of provision:
  - Community (floating) Support Services provide housing related support to service users wherever they may live, before withdrawing once the support is no longer needed. The support is not tied to a particular form of housing tenure, address, or service building but is delivered in personalised way according to individual need.
  - Accommodation Based Services provide housing related support to those living at a specific address, such that the provision of accommodation is integral to the provision of support and vice versa.
- 2.3. Housing related support services are defined as services that develop or sustain an individual's capacity to live independently in accommodation. This includes support to understand and manage the rights and responsibilities of their tenancy, manage debt and budget effectively, better manage physical health, mental health and substance misuse, and access healthcare, specialist services and ETE (education, training and employment) opportunities.
- 2.4. Hampshire County Council has no statutory responsibility to fund these services however the Council has done for the purposes of the well-being of the local community. Services were reviewed on a three year rolling programme to ensure that they were making the most efficient use of resources. The final decision with regard to the outcomes of the reviews rested with the County Council, following consultation with service users, district Councils and providers.
- 2.5. The service cluster for people considered to be socially excluded included provision for people who are homeless or at risk of becoming homeless, services for younger people in crisis, for ex-offenders, and for people with mental health problems.
- 2.6. The budget for services supporting young people in crisis has been transferred to Children's Services who have undertaken their own review and commissioning. Specialist mental health services are subject to an on going review.
- 2.7. The three reviews have been developed within a broader strategic umbrella which has sought to ensure a clear pathway for individuals with complex needs within the commissioning strategies, with the intention that they will ultimately dovetail and complement each other.

- 2.8. The remaining services within the socially excluded cluster include services for people who are homeless or threatened with homelessness (primarily direct access accommodation based services, supported housing and community support); a small number of specialist services for young parents and families, a specialist service for veterans of Her Majesty's Armed Forces and services for ex-offenders. These services have been renamed Social Inclusion services to reflect the wider outcomes that they deliver.
- 2.9. Adult Services have been working with key stakeholders since July 2014 to establish an appropriate model and commissioning approach that would, as far as practicably possible, seek to mitigate negative impacts of spending reductions while meeting key strategic principles for the cluster.

### **3. Current Situation**

- 3.1. Overall the County Council has a £102 million savings target to achieve by 2015. To contribute to this, Adult Services have allocated savings of £43 million in 2015/16.
- 3.2. The approach proposed within this report would enable the re-commissioning of Social Inclusion services within the budget agreed by the Council in February 2014, and has been designed to help the department achieve these savings while continuing to meet strategic objectives.
- 3.3. Hampshire County Council remains committed to prevention and early intervention, recognising that it is important, including towards meeting the key elements of the Care Act 2014.
- 3.4. The Council continues to work closely with District Councils, the Probation Service (and now with the Community Rehabilitation Company), service providers and service users to deliver preventative services, and these key stakeholders have been involved in the on going work to establish the best way forward for the future of Social Inclusion services across the Hampshire County Council area.
- 3.5. Representatives of the Department for Work and Pensions (DWP), Public Health and Health have also received regular updates and an open invite to partnership meetings. Further detail regarding engagement and consultation with service users and other stakeholders is included in section 9.
- 3.6. Adult Services have developed a county wide model of service delivery that targets the greatest need and seeks to encourage improved partnering arrangements across sub-regions within the Hampshire County Council area, while achieving efficiency and economy of scale. This has been co-produced with the wider partners who have provided valuable feedback that has helped to shape the model.
- 3.7. Following a request by Basingstoke and Deane Borough Council, the proposed County model has been developed to enable Basingstoke and Deane to undertake a local pilot to deliver housing related support

services that meet the support needs of vulnerable homeless people residing in the borough.

#### **4. Current Services**

- 4.1. Current services include accommodation based and community support services for single homeless people, families and teenage parents (Appendix A). The cluster also includes one specialist service for ex service personnel (Appendix C) and services for ex-offenders (Appendix B).
- 4.2. All services provide short term housing-related support to people with a wide range of support needs; this includes people with substance misuse issues, mental health support needs, learning disabilities and offenders.
- 4.3. Existing single homeless services were intended to provide a progressive support pathway through the provision of a range of services to support people at different stages of their journey towards independence. This staged model includes 24 hour housing-related support (stage 1), support for move-on accommodation (stage 2), low level (stage 3) accommodation and community support as a final stage towards independence. The historical distribution of services meant that this was difficult to achieve in some areas resulting in less successful outcomes for service users residing in areas where there were gaps in provision
- 4.4. The services under review have developed in an ad hoc way across the county. Many services were not directly commissioned by Hampshire County Council but were inherited at the beginning of the Supporting People programme in 2003. The complexity of interests in this sector has resulted in reviews achieving a less significant impact than in other areas. This extended review has presented the opportunity to look in depth at the model of provision and ensure that optimum use is made of resources.
- 4.5. Current services for ex offenders were intended to provide a progressive support pathway through the provision of a range of services to support people at different stages of their journey towards independence. This staged model includes 24 hour housing-related support (stage 1), support for move-on accommodation (stage 2) and community support as a final stage towards independence.
- 4.6. Most referrals for ex offenders services are received from direct access hostels or local district housing options teams, once a person has presented as street homeless rather than straight from a detained setting when the most impact can be made. The review of offender's services has presented the opportunity to look in depth at the current model of provision alongside the pathway model for single homeless and ensure that optimum use is made of resources to best meet the support needs of this client group.

- 4.7. Hampshire County Council funds one specialist accommodation-based service for veterans, Mike Jackson House. This has been used as a national resource and is primarily used by non-Hampshire residents. It was agreed by Executive Member for Adult Social Care and Public Health in July 2014 that the current level of investment was not sustainable. This service currently provides stage 1 of the Aldershot Veterans Accommodation Pathway and provides support to Veterans with complex needs. Stage 2 and 3 of the pathway have recently benefited from £8.5 million capital investment from the Ministry of Defence and the Pathway has attracted significant media interest.

## 5. Overall Financial Implications

- 5.1. This report focuses on accommodation based services for homeless people, community support services, one specialist service for veterans of Her Majesty's Armed Forces and services for ex-offenders. These services are collectively referred to as Social Inclusion services.
- 5.2. The current budget for each element of Social Inclusion provision, cumulative savings since 2013/2014 and proposed expenditure from April 2016 is detailed below:

Service Type	Budget 2013/14	Budget 2014/15	Budget 2015/16	Proposed Budget from April 2016
Community support and accommodation based services for homeless people (including offenders and veterans)	£5,540,483	£5,439,639	£5,371,394	£4,157,884
Emergency Accommodation based provision for Single Homeless (based in Rushmoor)	0.00	0.00	0.00	£100,000
Services for ex-offenders	£395,240	£395,240	£395,240	£129,200
Veteran's service	£240,105	£240,105	£192,094	£65,000

- 5.3. From April 2016 the overall Adult Services proposed budget attached to accommodation based services and community support will be reduced by 25% to £4,157,884. This amount includes a proposed transfer of up to £120,000 from the budget for ex offenders to increase capacity for the provision of services for offenders within the single homelessness service model.
- 5.4. Permission is also being sought to spend a further £100k per annum to ensure there is emergency access accommodation in Rushmoor for single homeless people.
- 5.5. An additional £38,000 per annum would be contributed by Hampshire County Council Children's Services, specifically for units of accommodation based provision for 16-21 year olds in East Hampshire.
- 5.6. The Adult Services budget position for accommodation based services for homeless people and community support services is summarised by area in Appendix E. The figures represent the pre-spending reduction budget, the position at the time of the initial report to Executive Member in July 2014, and the position after the proposed remodelling.
- 5.7. The current budget attached to the specialist Veterans service is £192,094. This represents a reduction of £48,011 on the 2013/14 budget of £240,105. The provider has been supported by the Council to make contact with Armed Forces charities and has to date secured funding for one specialist post. Work is on going with a number of other charities and an approach has been made to the North East Hampshire Clinical Commissioning Group. Negotiations regarding further reductions in the current contract value are scheduled to take place with the provider of this service at the end of May 2015. The Executive Member for Adult Social Care and Public Health made a commitment in July 2014 not to withdraw funding from this service until alternative funding had been secured. It is therefore proposed that up to £65K is used to support the service for one further year to aid the transition to a new model that ensures the long term sustainability of the service
- 5.8. The current budget attached to ex offenders' services is £395,240 per annum. It is proposed that £129,200 per annum is used to support those people who have been assessed by Hampshire County Council as having eligible social care needs or who fall just below eligibility, who require support to transition from a detained setting back into the community. It is also proposed to transfer a further £120,000 per annum to the budget attached to the wider social inclusion services to increase capacity for the provision of services for offenders within the single homelessness service model.

## **6. Impact Assessments**

- 6.1. An Impact Assessment was developed in partnership with other agencies, including the district Councils, the Probation Service and

Public Health in June 2014. This was reviewed in May 2015 alongside the Equality Impact Assessments (EIA). Further details can be found in section 12.

- 6.2. Whilst a range of impacts were identified, the impact of those changes and the availability of alternative sources of support are different for specific cohorts within the social inclusion cluster services. Social Inclusion services provide short term support which will reduce the impact of changes for existing service users. The future service model has been developed with a view to mitigating negative impacts and encouraging new and innovative approaches to service delivery, whilst ensuring the approach is not simply focused on “salami slicing” services across the piece.
- 6.3. Overall, after the proposed changes have taken place, the Adult Services department would still be investing over £4.38 million from this budget, which is part of a wider programme of investment, totalling in excess of £19 million in preventative services across Adult Services and Public Health. Hampshire therefore still has considerable investment in preventative services of this type, and will continue to work collaboratively with wider statutory and voluntary sector partners to identify emerging challenges and foster the best possible performance from this service cluster.

## **7. Equality Impact Assessments**

- 7.1. An Equalities Impact Assessment (EIA) was carried out relating to the proposals for changes to services for people considered to be socially excluded in July 2014.
- 7.2. A further EIA was undertaken more recently in April 2015 in light of the proposed approach to the future commissioning of the social inclusion service cluster.
- 7.3. Details of the findings of the recent EIA can be found in section 13 of this report and with the full assessment from 2015 included at Appendix D.

## **8. Review of Services**

- 8.1. Key changes to these services are planned to come into effect from April 2016.
- 8.2. The review has been complex and wide ranging. It has focused on the needs of the wider Hampshire County Council area and balanced this against the needs of individual districts and other key stakeholders, including Probation. This was in recognition of historical factors associated with the development of services in each area and the need to ensure the future service model was able to target those in the greatest need.
- 8.3. Engagement has taken place with key departments across Hampshire County Council, District Councils, wider statutory partners (including DWP, Health, and the Community Rehabilitation Company), service

providers, and with service users (see section 9). The review has sought to ensure the views of service users are properly represented and that the needs of service users are at the heart of any future model.

- 8.4. Proposals for remodelling the services have been developed and discussed with these stakeholders and the review has determined that there is a positive opportunity to redesign the service model in the interests of targeting need and mitigating negative impacts of spending reductions.
- 8.5. Stakeholders and particularly providers have been encouraged to explore alternative funding streams. Adult Services engaged the assistance of Sitra, who have supported providers to develop their business models in light of funding changes and to develop their approaches to fundraising.
- 8.6. The review has confirmed that a partnership approach is the preferred option to commissioning and managing the services within the cluster. The County Council should work closely with District Councils, service providers and other key stakeholders. This will enable the County Council, which has responsibility for the budget, to implement a commissioning solution that is consistent, fair and cost-effective and that meets the needs of vulnerable service users; reducing the need for more costly statutory interventions.

## **9. Engagement with Stakeholders and Service Users**

- 9.1. Significant levels of engagement and communication had already taken place in advance of the July 2014 Executive Member decision day, including engagement with service users, provider organisations and District Councils. Other organisations, including the Probation Service and the Office of the Police and Crime Commissioner were also involved in the engagement process. In May 2014 letters were sent out to service users outlining the proposed changes to their services and a survey carried out to help the Council understand their requirements moving forward. Full feedback was included in the report to the Executive Member of Adult Social Care and Public Health 30 July 2014: [Supporting People: Changes to Budget, Services Commissioned and Commissioning Responsibilities.](#)
- 9.2. As a result of feedback received before July 2014, Adult Services:
  - Delayed implementing spending reductions by a period of 12 months
  - Seconded a senior housing practitioner from one of the districts for 12 months to support the review and assist with communication between district housing leads and the County Council
  - Undertaken a high level strategic review to prevent a “salami slicing” approach to reductions in services

- 9.3. The outcomes from earlier engagement exercises were also used to identify the potential impacts of proposals and to inform the extended review of these services.
- 9.4. Comprehensive engagement and consultation has continued throughout the extended review period and the proposals detailed in section 10 reflect the feedback received.

### ***Engagement with Service Users***

- 9.5. Further engagement with service users commenced in January 2015. This engagement was designed to support commissioners to understand the issues facing users of services and to provide the opportunity for current service users to influence the model of service delivery moving forward. Hampshire County Council does not have a direct relationship with individual users of these services and an external consultant was therefore engaged by the Council to work with service providers to facilitate engagement by service users during the review. Providers of current services were contacted and asked to arrange service user meetings and information about the review process and objectives was shared by the consultant on behalf of Hampshire County Council. 18 service meetings were held with a total of 113 service users.
- 9.6. Three smaller meetings were held with a representative group of service users and representatives from Hampshire County Council Adult Services department in February, March and April. These meetings were used to discuss issues raised in the larger meetings in more detail, explore the existing service model in more depth and look at how things could be done differently to maximise use of resources.

### ***Health & Adult Social Care Select Committee Working Group***

- 9.7. Throughout the review, Adult Services' have met regularly with a 'Task and Finish Working Group' comprising cross-party members of the Health & Adult Social Care Select Committee and briefed them on the progress of the review and emerging proposals. This group has met 4 times since December 2014 and each meeting has given members the opportunity to question and scrutinise the approach being taken and hear the views expressed by a range of stakeholders during the course of the review. The areas discussed have included:
  - Funding redistribution options and associated formula
  - The approach to ensuring those in most need have the opportunity to access services
  - The developing model of service delivery
  - The feedback received from other stakeholders and how this was informing the developing model

- Outcomes for commissioning purposes and the potential for Payment by Results to form part of the model
- Impacts of the spending reductions in this area on vulnerable people who are not owed a statutory duty by either Adult Services or district housing authorities

### ***Consultation with Key Statutory Partners***

- 9.8. The pre-existing districts' "Strategic Housing Officers' Group" (SHOG) was expanded to include an open invitation to the CRC, the DWP, Public Health, and Health. This new group (SHOG Plus) has been organised and administered by Adult Services to meet on a monthly basis specifically to ensure a partnership approach to the review and re-commissioning of social inclusion services. The group has met 6 times since October 2014 in addition to quarterly SHOG meetings.
- 9.9. In order to develop the "outcomes" for social inclusion cluster services under a new service model, a small working group was also set up. This included representatives from the County Council, the districts and the Community Rehabilitation Company (CRC), and produced the overarching outcomes that form part of the proposed approach to commissioning the new services.
- 9.10. One to one meetings with local authorities have been made available on request to discuss concerns, challenges and potential solutions.
- 9.11. Written briefings have been provided to SHOG+ with opportunities to provide considered written feedback throughout the process.
- 9.12. The Chief Executives of the Hampshire districts have been briefed in person and in writing. County Council officers attended the 22<sup>nd</sup> May meeting of the Chief Executives to receive their final views regarding the proposals for this service cluster.

### ***Current Service Providers and Other Stakeholders***

- 9.13. Surveys have been disseminated to the provider sector and the results shared with SHOG+ to get their views on the challenges of current service delivery and options for new models.
- 9.14. Landlords have also been contacted and advised of the review process. Further communication with landlords will be undertaken in the coming weeks.
- 9.15. Providers have been given the opportunity to discuss the changes to service delivery with an independent organisation. This organisation has provided advice and support to the sector regarding accessing alternative funding, intensive housing management and partnering health services.
- 9.16. An event on intensive housing management was held for providers and local authority Housing Benefit staff to disseminate information and

gather views from providers and local authorities regarding how this model could work in the context of social inclusion services.

- 9.17. A market engagement event was held in December 2014 to gauge the market's views in a facilitated workshop setting. A further event is scheduled for the 1 July 2015.
- 9.18. Adult Services briefed providers at the County Inclusion Forum, in March 2015, which is organised and administered by Action Hampshire.

### ***Outcomes of Consultation and Engagement***

- 9.19. Adult Services has listened carefully throughout the stakeholder and service user engagement process, and a range of different views have been heard.
- 9.20. As a result of the engagement carried out during the extended review period, Adult Services has:
  - Developed a commissioning approach that will enable providers to take an innovative approach to service delivery and make best use of available resources
  - Introduced a targeted approach to the distribution of resources and to accessing services that has been designed to meet the greatest need across the County
  - Focused on the needs of service users and developed a service model that reflects their views. Specifically the proposed model is intended to:
    - Provide flexible services that deliver tailored support based on individual needs, from short to medium term with limited periodic support or re-referral options for people as they work towards independence
    - Provide support services that are accessible and responsive in every area
    - Deliver Community Support differently through innovative and efficient practices, including the use of drop in services
    - Encourage improvements in partnership working between providers and districts
    - Encourage providers to actively engage service users in the delivery of services
    - Support service users to achieve independence and maintain tenancies by offering different levels of support
    - Tailored the proposed overarching commissioning outcomes to reflect the outcomes service users are seeking
  - Viewed Basingstoke and Deane's request to deliver a local pilot in their area favourably, and reviewed the wider model of service delivery to develop a proposal that will enable this while maintaining the integrity of the wider County model

- Ensured the overarching outcomes for this cluster of services reflect the views of all statutory partners and service users
- Maintained an emphasis within these proposals on key aspects of the existing model to inform the future, including ensuring emergency access to accommodation based services, supported move-on options and community support remains at the heart of any service model

## **10. Proposals**

### **Proposed Hampshire County Model for Social Inclusion Services**

#### ***Distribution of Funding:***

- 10.1. It is proposed that an annual budget of £4,157,884 is available to support services over a minimum period of 3 years. This will ensure service providers can participate confidently in a tender process.
- 10.2. It is proposed that Hampshire County Council distributes the available budget so that it reflects a more proportionate and strategically targeted distribution across the 11 districts.
- 10.3. To achieve this, the budget will be distributed based on the application of a formula with an element of dampening.
- 10.4. The proposed formula is based on a weighted population methodology that has been tried and tested by Public Health when seeking to target resources.
- 10.5. The weighting factors are the Indices of Multiple Deprivation (which collates a range of indicators including access to housing services and homelessness) and the number of workless households of working age.
- 10.6. Dampening to a level of approximately 75% is proposed to reduce the impact of redistribution of funding so as not to undermine the existing landscape of service delivery and ensure that existing service users can continue to receive services. Appendix E demonstrates the original budget, the residual funding distribution in July 2014, and the distribution that is being proposed.

#### ***Service Model:***

- 10.7. The proposed service model for Hampshire will include 3 key elements which reflect the primary aspects of the existing service landscape and reflect feedback from service users. Service users suggested that the model should provide flexible and tailored support, incorporating emergency access with options for on going and accessible support delivered in a range of different ways. The 3 key elements therefore include:
  - a) Short term Generic “Community Support”
  - b) Supported accommodation for single homeless people with support needs

- c) Emergency “direct access” accommodation with intensive support for single homeless people (and couples where possible) that is accessible to those in the greatest need across the County
- 10.8. In order to ensure that support is targeted based on individual need not client group, it is proposed that specialist services are replaced by new generic community support services. Providers of existing specialist accommodation based schemes that accommodate statutory homeless households have been encouraged to continue to offer accommodation with support being delivered through community support. Service users currently accessing specialist floating support services will also be able to access proposed generic community support services, following assessment of need.
- 10.9. It is proposed to commission short term Generic Community Support services in geographical lots. Providers would be required to ensure that support staff are trained to respond to the full range of support needs people requiring these service may present with and could opt to deliver specialist services as part of the generic contract, where there is a clearly evidenced need, and if this delivers improved outcomes. These may be specialist services for particular client groups (e.g. families) or for clients with complex needs.
- 10.10. The geographical lots proposed reflect those adopted for the purposes of commissioning domestic abuse services. Proposed geographical areas are included in Appendix E.
- 10.11. Each Community Support lot would include delivery of a support service to designated accommodation schemes for single homeless people aged 18-65. This provision will be for people in the local authority’s area, (or local authorities’ area where there are shared services).
- 10.12. Accommodation based services in East Hampshire will also provide support for 16 and 17 year olds funded by Hampshire County Council Children’s Services.
- 10.13. Community Support services would provide housing related support to all client groups aged 18 – 65 or older where this is the most appropriate service to meet support needs. Support would be available regardless of tenure or housing status and include families, veterans and ex offenders where they are in need of support. Services will be accessible in all areas on the basis of need.
- 10.14. Emergency ‘direct access’ provision would also be available to service users in each geographical area. Whilst it is anticipated that these services will predominantly be used by service users from the local area, providers will be expected to prioritise access based on need, including those in the greatest need within the wider Hampshire County Council area.

***Winchester Night Shelter:***

- 10.15. In addition to the services described above it is proposed that Winchester Night Shelter is retained as part of the County model. This service offers a County wide and unique service at an exceptionally low cost.
- 10.16. The property is leased to the current provider on a peppercorn rent with a lease term of 99 years (commencement in 1996). The use is specific to a night shelter and there is no provision for termination (except on breach). The property location is ideal for night shelter provision as it is discretely located in central Winchester and accessible from the train station.
- 10.17. The service is strategically relevant and provides an emergency accommodation based response to people with support needs who find themselves sleeping rough. Service users are required to leave the premises during the day unless they are engaging with specific support activities.
- 10.18. The provider is a long established Winchester charity that has benefited from significant member support and is frequently approached by local and national media for comment on issues relating to homelessness.
- 10.19. The Council has provided a low level of funding to this service since 2003 and the current annual contract value is estimated to account for a third of the overall budget for the service. The contractual relationship ensures that the service works in partnership with the County and Winchester City Councils, and delivers outcomes consistent with other services within this service cluster. A further third of the annual funding comes from donations and gift aid, and the service receives a significant level of support from the local community and elected members.
- 10.20. The current provider has developed a unique relationship with the local community, with local churches and has developed a large team of volunteers to support the small staff team with the day to day running of the service.
- 10.21. Due to its unique and specialist nature, it is proposed that this service is procured for a further 3 + 1+ 1 years through Single Tender Approval (STA) at an annual value of £61,680, with a five year aggregated maximum value of £308,400.

***Outcomes Based Commissioning:***

- 10.22. New services will be commissioned on the basis of “outcomes”. This will ensure the commissioning process encourages providers to be innovative and to set out, using their knowledge and expertise, how they will deliver against strategic outcomes within the constraints of the funding during the tender process.

10.23. The overarching outcomes that are proposed for this service cluster have been co-produced with key stakeholders and using feedback from service users on the key outcomes they considered to be important to them:

- Service users secure and/or maintain appropriate accommodation.
- Health and wellbeing needs of service users are met.
- Service users are actively engaged in education, training and employment.
- Service users are engaged in the community.
- Service users are supported to reduce their offending and anti-social behaviour towards desistance.

***Payment by Results:***

10.24. It is proposed that Payment by Results (PBR) will be included as part of the payment system. The precise methodology for achieving this will be finalised in partnership with providers and will be based on achievement of agreed output targets and the delivery of agreed individual level outcomes.

10.25. The aim of the PBR model will be to:

- Support the development of a responsive service model that delivers effective services with reduced resources and improves outcomes for service users and partners.
- Incentivise homelessness prevention and reduce the demand for statutory interventions and on accommodation based schemes.

10.26. During the first year of the contract, it is proposed that at least 5% of the contract value will be attached to the successful completion of the implementation plan submitted by the provider as part of their tender submission. Successful achievement of the implementation plan will focus on the transfer of existing service users, partnership working with other service providers, statutory partners and other 3<sup>rd</sup> sector organisations. This will be further defined once milestones are agreed during implementation. Payments will be made quarterly with repayment required at the end of the first year should key agreed targets not be achieved.

10.27. As part of implementation, providers will be required to work in partnership with the County to finalise a PbR model for at least 10% of the contract value for implementation in year 2.

***Basingstoke and Deane Pilot – Overview:***

10.28. Basingstoke and Deane Borough Council have set out a proposal for a local pilot approach. They are requesting a grant from the County Council that they will use as a contribution towards the delivery of a local service model to support vulnerable people who are homeless or at risk of homelessness within the Basingstoke and Deane Borough

Council area. The model and commissioning approach will sit outside of, and independent from, the Hampshire County Council model.

- 10.29. Whilst grant conditions are being worked on, it is proposed that the County Council agree to the request from Basingstoke and Deane and that Adult Services negotiate terms with them. These would include ensuring that the pilot in Basingstoke does not impact negatively on the wider County partnership model and that it delivers an agreed set of outcomes that align closely with those of the County model
- 10.30. Grant conditions will need to be determined in partnership with Basingstoke and Deane Borough Council but it is anticipated that the annual budget for this grant pilot will be up to £746,468.
- 10.31. It is proposed that this pilot be agreed for an initial period of three years in line with the contract term proposed for the wider County model. This will give sufficient time for the approach to embed, before a review is undertaken towards the end of year two.

***Emergency Access Provision for Single Homeless in Rushmoor:***

- 10.32. Rushmoor experiences spikes in single homelessness demand and rough sleeping and there is currently no emergency accommodation based support service available to meet the needs of people sleeping rough in the area.
- 10.33. There may be opportunities within existing services in Rushmoor to facilitate emergency placements for people sleeping rough.
- 10.34. It is proposed that Adult Services work with Rushmoor Borough Council to develop emergency access provision in their area to facilitate placements for Hart and Rushmoor, and where necessary, for people in greatest need from elsewhere within the County. To achieve this, £100K additional funding is being requested to support the development of provision in this area.

**Services for Veterans:**

- 10.35. Hampshire County Council funds one specialist accommodation-based service for veterans, Mike Jackson House. This has been used as a national resource and is primarily used by non-Hampshire residents. It was agreed by Executive Member for Health and Social Care in July 2014 that the current level of investment was not sustainable. Since this date, Hampshire County Council has worked with the service provider to identify alternative funding and/or business models for this service. The Council is also awaiting confirmation and details of a new Ministry Of Defence grant fund that will replace previous covenant funding streams, including LIBOR derived grant funds and community covenant funding, which may provide support for the service in the future.

- 10.36. Subject to agreement with, and with assurance from, the service provider concerning their ability to develop a model of service that could continue after the end of Adult Services funding, it is proposed in recommendation 17.5 that up to £65K is used to support an extension to the service for one further year to aid the transition to a new model and safeguard the long term sustainability of the service.
- 10.37. Veterans will also be able to access all support services commissioned within the wider model for social inclusion detailed above.

**Services for Ex-offenders:**

- 10.38. Hampshire County Council currently funds 5 services to provide housing related support to people with an offending history. It is proposed that, to meet the requirements of the Care Act, the Council prioritises funding to those people who are leaving a detained setting and have been assessed by the Council as having eligible social care needs, or who fall just short of having an eligible need. The proposed model is for a specialist accommodation based service to support the reintegration of offenders back into the community preventing the need for higher cost packages of care. Ex offenders will also be able to access all support services commissioned within the wider model for social inclusion detailed above.

**11. Key Risks**

- 11.1. There are a number of risks that can be reasonably identified associated with the proposed approach set out in this report. These include the following:
- 11.2. There may be increased demand on district homelessness services due to reduced provision. New methods of service delivery will be developed during the 1<sup>st</sup> year of contracts however this will take time to embed and may not ameliorate the challenges in the short term.
- 11.3. Landlords may refuse to release their buildings for use under a new model. This could result in the loss of buildings that are presently available to the supported housing sector. Communication with landlords is on going.
- 11.4. There is an identifiable risk that the interpretation of DWP regulations associated with Exempt and Specified Accommodation (and what constitutes eligible and ineligible service charges for the purposes of Housing Benefit (in the context of ‘intensive housing management’)) may be inconsistent across the 11 districts. Some Housing Benefit Departments apply criterion that does not facilitate payments to services for support in all cases where the County Council may consider that those services should be funded through Housing Benefit. The decision to make payment rests with the districts’ Revenues and Benefits services and whilst the County Council can work with the districts to develop a common understanding and consistent approach, ultimately local decisions will be beyond the County Council’s control

and may continue to be subject to variations that may impact on the viability of some services.

- 11.5. Smaller providers do not form consortia or fail to achieve consortia and the commissioning process results in a small number of large providers with a monopoly on the local provision.
- 11.6. If it is determined that TUPE applies under the new service model there is a risk that this could result in the financial viability of services being undermined due to staff costs and redundancy issues. Please see also paragraph 14.2 of this report.
- 11.7. The provision of grants always presents a degree of risk. Specific risks include organisations accepting funding without providing a service; organisations not delivering the service as expected; and there being an under spend on the expected activity. This applies to all grants; however larger grants represent a potentially higher risk to the County Council.
- 11.8. A number of mechanisms have been employed successfully over a number of years to mitigate and alleviate these risks. These include nominating a Liaison Officer from the County Council whose responsibility is to monitor how the grant is spent, specifying within the grant agreement that the grant is 'restricted' funding for the provision of the specified activity only and phasing the payment of grants over the course of the financial year.

## **12. Impact Assessment**

- 12.1. This client group includes people, who often have multiple needs, e.g. people who have mental health support needs alongside a substance misuse problem, those with entrenched homelessness and ex-offenders often with associated health needs. This group of people has been seen as the group least likely to be able to access other services, even when they are at acute risk. Results of a recent national audit concluded:
  - *Mental Health:*  
7 out of 10 homeless people have one or more mental health needs, although they may not be diagnosed.
  - *Substance Misuse:*  
Over half of clients in the audit use one or more types of illegal drug, with around a quarter engaged in some form of treatment or support. 3 out of 4 clients consume alcohol regularly, with 1 in 5 drinking harmful levels.
  - *Physical Health:*  
8 out of 10 homeless people had one or more physical health needs including:
- 12.2. Primary care is the first point of contact for health services to respond to an individual's health needs. However, evidence in the national

audit suggests that homeless people are more likely to access healthcare through accident and emergency services, with their stay likely to be longer. Their lifestyles may also mean that they are more likely to seek medical help when their condition has significantly deteriorated. Social Inclusion services support individuals to access healthcare and improve health and wellbeing.

- 12.3. Significant numbers of people in homelessness services are being sanctioned as a result of not being able to meet the conditions required to receive benefits, resulting from changes to welfare provision. This could be as much as 1 in 3 for Job Seekers Allowance and 1 in 5 for Employment and Support Allowance. We also know that the main support need for those accessing community support services at the moment is debt.
- 12.4. Ex-offenders will continue to be able to access support services for homeless people as they currently do to meet personalised needs, in addition to the specialist provision proposed as part of the new model.
- 12.5. Armed Forces Veterans will continue to be able to access support services for homeless people as they currently do, to meet personalised needs. In 2012/13 a total of 142 people with a connection to the armed forces used Supporting People services. 56 of these used specialist veterans' service, Mike Jackson House. Of this 56, 17 (30%) had a connection to Hampshire. Of the 86 other people with a connection to the armed forces, who used Supporting People services, 100% had a connection to Hampshire.

### **13. Equalities Impact Assessment (EIA)**

- 13.1. An EIA has been completed and is attached at Appendix D.
- 13.2. The proposed commissioning strategy takes into account the promotion of equality of opportunity for all people who are likely to use the services within the cluster. The approach has been developed through consultation with stakeholders and service users.
- 13.3. Social inclusion services target a relatively disadvantaged group with a view to meeting a range of needs for vulnerable people and addressing barriers to accessing services and support that could potentially meet needs. They are primarily aimed at adults aged 18-64 years plus associated children, regardless of background. Changes will apply to both females and males and will be delivered through a range of measures that will contribute to the overall accessibility of the cluster, including accommodation based services, and visiting and drop in services.
- 13.4. The proposed remodelling involves the County Council ceasing to support a small number of accommodation based services for families. These households will, however, continue to be able to access community based support provision within the new model.

- 13.5. Having set out 13.3 and 13.4 above, it should be noted that whilst all client groups would be able to access new generic community support services and the remodelling proposed will maximise efficiency of provision, it has also resulted in a reduction in capacity, and services will need to prioritise those with the greatest need. This may mean that those with lower support needs who may previously have received one to one visiting support may have to access support in a different way, this could include support through a drop in service or via telephone.
- 13.6. Inevitably the EIA has highlighted some groups that may be potentially more at risk of negative impacts associated with changes to the service cluster, however, all groups will be eligible to receive support provision under the new model and a range of mitigating actions have been identified.
- 13.7. Robust performance monitoring will be put in place and will involve the submission of equalities data quarterly from providers of the proposed new services. This will enable the monitoring of any impact on particular groups and remedial action to be taken where necessary and appropriate.

#### **14. HR Implications**

- 14.1. The Supporting People team are already being utilised as part of mainstream Adult Services' commissioning team, and their roles will continue.
- 14.2. There is potential for TUPE to apply to some services being commissioned under the new model. If TUPE applies, the transfer would be between independent sector providers. This may affect service viability for some providers and risks undermining the transition to a new model where this may be the case.

#### **15. Legal Implications**

- 15.1. Under the Care Act 2014, the County Council has a duty to carry out a community care assessment where it appears to the Council that the person may have a need for community care services.
- 15.2. The County Council has a duty under Section 149 of the Equality Act 2010 to have due regard in the exercise of its functions to the need to:
  - a) Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
  - b) Advance equality of opportunity between the persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
  - c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Due regard in this context involves having due regard in particular, to the need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic, to take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it and to encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

Exercising the duty includes the relevant decision maker considering the Equality Impact Assessment.

- 15.3. A request for a Single Tender Approval is a request to waive the Council's Standing Orders and depart from usual practice. As such it may only be used in exceptional circumstances with appropriate approval.
- 15.4. In relation to making grants where the relevant power is not provided under Section 65 of the Health Services and Public Health Act 1968, the General Power of Competence provided in the Localism Act 2011 enables local authorities to do anything that individuals of full legal capacity may do.

## **16. Conclusion**

- 16.1. The Supporting People budget was reduced by £4.1million by Full Council in February 2014. The report further highlighted the potential need to achieve further savings of between £3.6 - £4.2m in 2015/16.
- 16.2. Significant engagement has taken place with service users, District Councils, providers and other key stakeholders, in order to inform the proposals outlined within this paper that will enable Adult Services' Department to achieve required savings within the social inclusion cluster of services.

## **17. Recommendations**

- 17.1. That the Executive Member for Adult Social Care notes that the 45 contracts for provision of housing related support services, to assist people who are considered to be socially excluded, listed in Appendix A and B, come to the end of their current extension term on 31 March 2016 and that it is not intended to extend them further.
- 17.2. That permission is sought from the Executive Member for Adult Social Care to go out to tender for a new model of Social Inclusion Services and award up to 12 contracts for support services to meet the needs of vulnerable people who are homeless or at risk of homelessness for a maximum of 5 years, let on a basis of 3 years +1 +1.
- 17.3. That permission is sought from the Executive Member for Adult Social Care to spend, in respect of the above procurement exercise, a maximum of £4,234,204 per annum with a 5 year aggregated maximum

value of £21,171,020. This represents £4,196,204 per annum with a 5 year aggregated maximum value of £20,981,020 from Adult Services, and £38,000 per annum, with a five year aggregated maximum value of £190,000 from Children's Services, specifically for provision in East Hampshire.

- 17.4. That the Executive Member for Adult Social Care notes that the Adult Services budget in 17.3 above includes up to £100k per annum, with an aggregated value of up to £500K, to ensure there is emergency access accommodation available in Rushmoor for single homeless people.
- 17.5. That permission is sought to extend the contract for the specialist veteran's service for 1 year, within the permitted contract term, at a reduced value of up to £65,000.
- 17.6. That permission is sought for single tender approval to contract with Winchester Churches Night Shelter for a period of up to 5 years (3+1+1) at an annual value of £61,680, with a five year aggregated maximum value of £308,400
- 17.7. That permission is sought from the Executive Member for Adult Social Care to award an annual grant of up to £746,468 for up to 3 years, with a maximum aggregated value of up to £2,239,404 to Basingstoke and Deane Borough Council, to enable them to commission social inclusion services for their area in line with grant conditions required by Hampshire County Council Adult Services.
- 17.8. That permission is sought from the Executive Member for Adult Social Care to give delegated authority to the Director of Adult Services to agree the conditions of the grant to be awarded to Basingstoke and Deane Borough Council as detailed in 17.7 above.
- 17.9. That permission is sought from the Executive Member for Adult Social Care to go out to tender for a specialist accommodation based service for ex offenders and award a contract for a maximum of 5 years, let on a basis of 3 years +1 +1, with a maximum value of £129,200 per annum and a 5 year aggregated maximum value of £646,000.

## CORPORATE OR LEGAL INFORMATION:

**Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	Yes
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	Yes
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	Yes
Corporate Improvement plan link number (if appropriate):	

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u> Supporting People: Changes to Budget, Services Commissioned and Commissioning Responsibilities	<u>Reference</u> 5887	<u>Date</u> 30 July 2014
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>	<u>Date</u>	

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2 Equalities Impact Assessment:**

Equalities Impact Assessments (EIAs) have been carried out: one in the lead in to the February 2014 decision and a further EIA to take into account the proposed approach to service remodelling. The key findings form an integral part of this report (section 12) with the full report at Appendix D.

### **2. Impact on Crime and Disorder**

2.1 The County Council has a legal obligation under Section 17 of the Crime and Disorder Act 1998 to consider the impact of all decisions it makes on the prevention of crime.

2.2 The proposals in this report aim to improve the safety of vulnerable Hampshire residents and reduce the risk of crime occurring.

2.3 All services would be commissioned to provide services to ex-offenders, and to work positively with criminal justice partners and stakeholders.

2.4 Services would provide a range of support to improve access to education, training and employment, develop independent living skills and address substance misuse, all of which have been demonstrated to have a positive impact on reducing the rates of offending.

2.5 All contracts awarded will include the requirement to use the CAADA DASH risk assessment every time that an incident of Domestic Abuse is identified in

line with Hampshire Domestic Abuse forums objectives to reduce harm as a result of domestic abuse.

### **3. Climate Change**

#### **a) How does what is being proposed impact on our carbon footprint / energy consumption?**

Providers will be required to deliver community support from community venues in localities that are accessible to service users. This will reduce the need for travel by support staff.

#### **b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its long term impacts?**

As the procurement process develops, a requirement to consider the need to adapt to climate, and be resilient to its longer term impacts will be taken into account in the detailed planning and development of the Invitation to Tender. Prospective service providers will be required to demonstrate that they have considered climate change in developing their service model.

## Appendix A: Social Inclusion Services Under Review

### i) Generic Floating Support and Accommodation Based Services for Single Homeless

PROVIDER	SERVICE	DISTRICT	Contract Value 2015/16
HOME GROUP LIMITED	GENERIC FLOATING SUPPORT BASINGSTOKE AND DEANE 7795	Basingstoke	£224,529.00
HOME GROUP LIMITED	BASINGSTOKE GROUP HOMES 7116	Basingstoke	£167,699.31
HOME GROUP LIMITED	MARY ROSE COURT 7115	Basingstoke	£146,618.04
THE YOU TRUST	SHORT TERM GENERIC FLOATING SUPPORT BASINGSTOKE 7043	Basingstoke	£151,448.93
THE YOU TRUST	MAY PLACE 7338	Basingstoke	£392,609.64
IN TOUCH SUPPORT	IN TOUCH EAST HANTS FLOATING SUPPORT 7016	East Hants	£108,136.46
RADIAN GROUP LIMITED	TEMPORARY ACCOMMODATION TENANCY SUPPORT SERVICE 7770	East Hants	£80,495.54
FIRST WESSEX	EAST FLOATING SUPPORT 7377	Eastleigh	£135,050.00
HOME GROUP LIMITED	81 LEIGH ROAD 7122	Eastleigh	£28,939.29
TWO SAINTS LIMITED	TWO SAINTS MOVE ON FLOATING SUPPORT 7094	Eastleigh	£20,257.50
THE YOU TRUST	Short Term Generic Floating Support Fareham and Gosport 7359	Fareham & Gosport	£178,698.53
TWO SAINTS LIMITED	101 GOSPORT ROAD 7086	Fareham & Gosport	£353,626.50
TWO SAINTS LIMITED	HOMELESSNESS EARLY INTERVENTION AND RESETTLEMENT SERVICE 7787	Fareham & Gosport	£130,226.00
HOME GROUP LIMITED	BULLER COURT AND 43 GROSVENOR ROAD 7342	Hart & Rushmoor	£204,774.39
IN TOUCH SUPPORT	HART AND RUSHMOOR GENERIC FLOATING SUPPORT 7133	Hart & Rushmoor	£260,453.57
GUINNESS CARE & SUPPORT	GUINNESS CARE & SUPPORT Floating 7010	Havant	£347,154.11
TWO SAINTS LIMITED	ST ALBANS ROAD 7084	Havant	£69,454.29
IN TOUCH SUPPORT	NEW FOREST FLOATING SUPPORT 7012	New Forest	£102,252.14
HOME GROUP LIMITED	STUBBS/TURIN COURT 7101	Test Valley	£38,585.71

SANCTUARY HOUSING ASSOCIATION	Bridge House 7054	Test Valley	£43,074.17
TWO SAINTS LIMITED	TEST VALLEY Floating 7135	Test Valley	£127,122.30
TWO SAINTS LIMITED	DENE COURT 7082	Test Valley	£307,456.57
A2 DOMINION HOUSING GROUP LIMITED	WINCHESTER FLOATING SUPPORT 7047	Winchester	£212,703.75
CHOICE SUPPORT	WEST VIEW HOUSE 7024	Winchester	£295,370.19
FIRST WESSEX	MILFORD HOUSE 7378	Winchester	£21,084.00
WINCHESTER CHURCHES HOUSING GROUP LIMITED	WINCHESTER CHURCHES H'ING GROUP KEYSTONE 7096	Winchester	£6,424.00
WINCHESTER CHURCHES NIGHTSHELTER	WINCHESTER CHURCHES NIGHTSHELTER 7050	Winchester	£61,679.94

## ii) Specialist Accommodation Based Services

PROVIDER	SERVICE	DISTRICT	Contract Value 2015/16
SOVEREIGN HOUSING ASSOCIATION LIMITED	The Joshua Tree 7236	Basingstoke	£122,490.15
RADIAN GROUP LIMITED	DRUM HOMELESS SUPPORT 7767	East Hants	£28,778.51
LIFE 2009	ELVETHAM HEATH LIFE HOUSE 7030	Hart & Rushmoor	£26,276.87
LIFE 2009	FARNBOROUGH LIFE HOUSE 7031	Hart & Rushmoor	£43,640.44
ASTER LIVING	ANDOVER HOMELESS FAMILIES HOSTEL 7766	Test Valley	£31,833.21

## iii) Specialist Floating Support Services

PROVIDER	SERVICE	DISTRICT	Contract Value 2015/16
TWO SAINTS LIMITED	ARC FLOATING SUPPORT 7089	Fareham & Gosport	£286,498.93
LIFE 2009	LIFE COMMUNITY SUPPORT 7032	Hart & Rushmoor	£49,196.79
E C ROBERTS CENTRE	FAMILY TENANCY SUPPORT 7009	Havant	£67,525.00

HOME GROUP LIMITED	Test Valley Family Intervention Project 7354	Test Valley	£40,302.78
THE YOU TRUST	SAIL 7339	Basingstoke	£84,888.57
TWO SAINTS LIMITED	SINGLE HOMELESS FLOATING SUPPORT NEW FOREST 7085	New Forest	£96,945.73
THE TRINITY CENTRE	TRINITY FLOATING SUPPORT 7045	Winchester	£35,740.02
GOSPORT BOROUGH COUNCIL	GOSPORT TENANCY SUPPORT SERVICE 7063	Fareham & Gosport	£135,513.03

## Appendix B: Ex-offenders Services

PROVIDER	SERVICE	DISTRICT	Contract Value 2015/16
Home Group Limited	Winchester Ex Offenders Services - 7126	Winchester	£38,586
Langley House Trust	Elderfield - Main Building & Park Farm – 7068	Winchester	£231,874
Langley House Trust	Elderfield – Wedgewood - 7281	Winchester	£17,176
Society of St James	SaRBS Rend Bond Scheme Hampshire – 7604	County	£78,978
Two Saints	250 Southampton Road – 7093	Eastleigh	£28,626

## Appendix C: Mike Jackson House (Specialist Veteran's Service)

PROVIDER	SERVICE	DISTRICT	Contract Value 2015/16
THE RIVERSIDE GROUP	MIKE JACKSON HOUSE 7136	Hart & Rushmoor	£192,094.00

## Appendix D: 2015 Equalities Impact Assessment

### Equalities Impact Assessment – Remodelling of Social Inclusion Services

#### Purpose of Project

The remodelling of Social Inclusion Services is being proposed to mitigate the reduction in budget available to commission these services that was agreed by the Executive Member for Adult Health and Social Care in July 2014. The reductions were agreed as part of a reorganisation of preventative services to enable the Adult Services department to meet its legal obligations to people with the highest needs within the context of reducing financial support from central government.

The Supporting People Programme existed to commission services to support vulnerable people with housing-related support needs, for the purpose of developing or sustaining their capacity to live independently. Eligible service users have specific and identifiable vulnerabilities that render them in need of support and the support provided directly contributes to the service user's ability to live independently.

The proposed new services would provide support to people currently using the two distinct types of provision described below:

**Floating support services:** Providing housing related support to service users wherever they may live, before withdrawing once the support is no longer needed. The support is not tied to a particular form of housing tenure, address, or service building but is delivered in personalised way according to individual need.

**Accommodation based services:** Providing housing related support to those living at a specific address, such that the provision of accommodation is integral to the provision of support and vice versa.

The proposed new model for crisis and prevention services has been developed to ensure the most efficient use of available resources through the commissioning of larger generic community support services that can support vulnerable people based on need regardless of tenure, housing status or family structure. An effective pathway of accommodation based provision would be commissioned within the model for vulnerable people who may fall outside of the statutory duties of district housing authorities under homelessness legislation. The proposed community support services would work in partnership alongside re-commissioned Intensive Support Accommodation Based services to ensure an effective pathway of accommodation based provision. The size of the contracts, developmental nature of the service specification and commissioning on the basis of outcomes would support providers to innovate and deliver a service with improved outcomes for service users over the life of the contracts. It is also intended to reduce the barriers to effective partnership working with third sector and statutory partners, achieve economies of scale and provide opportunities for providers to deliver hours more flexibly according to need.

The model has been developed to ensure that the capacity for prevention and early intervention is maximised. The reduction in budget available to commission services has meant that the County Council has had to review the strategic relevance of all provision, look at how support is currently being used and whether better value could be achieved by using a community support model. The County Council currently funds support services that are attached to accommodation based schemes for families in 5 of the 11 districts. In the other 6 districts, families access support through County Council funded community support services. The proposed new model does not include support directly attached to these schemes but ensures that it is available to families regardless of their accommodation status, based on assessment of individual need. Newly commissioned community support services would be expected to ensure that all existing service users are aware of how support can be accessed and where space exists 'surgery' type support could be offered from within individual schemes in agreement with landlords.

It should be noted that the County Council has never directly funded accommodation for this client group and that this is paid for by rent and service charges.

## Consultation

The County Council has been working with a range of statutory and voluntary sector partners to review options to remodel this cluster of services. This has been undertaken with a view to targeting services while developing greater equity of access across Hampshire for people who are in the highest need. A significant level of engagement has also taken place with service users.

Consultation and engagement over the period of the review is summarised below:

- **Service Providers:** Consultation questionnaire and written briefing, individual meetings, County Council representation at County Inclusive Forum meetings and a County Council facilitated market engagement event
- **Service Users:** Service user engagement began in June 2014 with the circulation of 1,202 paper copies of a questionnaire designed to gather views on current support services in order to help in the design of new services. The survey was also available online via Survey Monkey. In October 2014 an independent consultant was engaged by the County Council to ensure that users of services were fully informed of the review progress and had the opportunity to contribute to the remodelling of services. Engagement built on the results of questionnaires and involved facilitating service user meetings around the County and the formation of a small representative group to look in more detail at options for this provision. This group has now met 3 times and information has been used in the redesign of services.
- **Statutory Partners:** A steering group was set up at the beginning of the extended review to ensure that all statutory agencies had the opportunity to be involved in the co-production of solutions for this group of services. Membership includes the 11 district housing leads, DWP, Health, Probation and Public Health. A total of 5 meetings have been held over the review period.
- **Internal Engagement** has taken place with Children’s Services Department, Adult Services Mental Health, Learning Disability and Older Persons commissioners, commissioners for Hampshire Drug and Alcohol Action Team and Hampshire County Council’s Troubled Families programme.
- **Health and Adult Social Care Scrutiny Committee (HASC):** A small working group made up of members from the HASC was set up to review proposals for the “Socially Excluded” sector of the Supporting People budget. This group has met 4 times since December 2014. Members have received comprehensive updates associated with the work that has been undertaken towards achieving savings across the service cluster. Each meeting has given members the opportunity to question and scrutinise the approach being taken along with any potential recommendations that officers could reasonably anticipate may arise from this work.

## Statutory Considerations:

Protected Characteristic	Impact of Proposals
Age:	Medium
Disability:	Low
Sexual orientation:	Low
Race:	Low
Religion and belief:	Low
Gender reassignment:	Low
Sex:	Low
Marriage and civil partnership:	Low
Pregnancy and maternity:	Medium

## Other policy considerations

Poverty: Medium

Rurality: Low

Geographical impact: All of Hampshire

## Equality Statement

In July 2014, the Executive Member for Adult Health and Social Care agreed that the budget for commissioning Social Inclusion services would be reduced by 27%. The scale of this reduction means that there will be a reduction in resources for all client groups requiring crisis and prevention support. Whilst all client groups would be able to access new generic community support services and the remodelling proposed will maximise efficiency of provision, it has also resulted in a reduction in capacity, and services will need to prioritise those with the greatest need. This may mean that those with lower support needs who may previously have received one to one visiting support may have to access support in a different way, this could include support through a drop in service or via telephone. The service model has been designed to provide a flexible response according to need with service users receiving lower level support being able to receive more intensive one to one support should an increase in vulnerability be identified.

The review of Social Inclusion services has resulted in changes in the distribution of the service offer around the County. This new distribution has been based on an estimate of need that takes into account population and indices of multiple deprivation, and recognises the previous inequity of access to services around the County. It is proposed that services are tendered in geographical lots to mitigate the impact of changes in funding distribution on existing service users.

All providers of existing services have been encouraged and supported to explore additional sources of funding and business models to ensure sustainable provision for vulnerable individuals who do not meet the threshold for statutory support. The County Council commissioned an external consultant to offer one to one support to providers wishing to explore options and three workshops have been held to support providers to explore opportunities in the following areas:

**Intensive Housing Management** – Support for providers of Supporting People services to understand the options, possibilities and the challenges within the Housing Benefit system to increase housing management activities.

**Health and Housing** - Exploring how housing can work in partnership with health, looking at the barriers and the opportunities and supporting providers to gain a broader knowledge of health to enable them to develop local opportunities for service delivery.

**Fundraising** - Support for attendees to understand how to develop good fundable project ideas and understand how and where to generate future project income.

It is expected that changes in the service delivery model to include a more comprehensive range of delivery methods will allow for a significantly larger number of service users to be supported as the new services develop. The inclusion of supported accommodation within larger community support services will enable support to be delivered flexibly according to need which may increase availability of hours for wider community support. Targets will be set to ensure that capacity increases over the life of the contract. New providers will be expected to have at least one community drop in and a duty telephone line operating at contract commencement to mitigate risks during transition.

The reduction in capacity will be managed by commissioners working closely with outgoing and new providers during transition and implementation.

Providers will be expected to target support over timescales that reflect the needs of service users but that are focused on pathways to increased independence. It is anticipated that this will contribute to increased throughput and improved responsiveness at the front end of service delivery during the life of the contract.

Hampshire County Council has worked with the district housing leads and encouraged them to review the way their services currently support single homeless people to facilitate improved demand management on crisis accommodation provision and to dovetail with the new model. The Strategic Housing Officers Group is working on a County-wide reconnections protocol which will support the new model and ensure that each district is signed up to a partnering agreement to retain responsibility for anyone connected to their area accessing services elsewhere in Hampshire.

The majority of people currently using crisis and prevention services are in receipt of welfare benefits. Services support people to access their full entitlement of benefits, manage their money, access debt advice and prioritise rent payments. Some services also provide tenancy training courses that include information and advice on cooking on a low income and budgeting. Support is also available to access employment training courses, voluntary work, education and employment. Proposed alternative support services would require providers to focus on outcomes that will help users maximise access to such services

### **Statutory Considerations**

#### **Age:**

Young people may be disproportionately affected by proposals. Historically Supported Housing Panel data has shown a high proportion of referrals from people under the age of 25 across all social inclusion services. Information from client record forms from 2010/11 showed that 42.1% of all clients accessing services during this period were aged 25 or younger. This data includes specialist young peoples services previously included in this cluster. These specialist services are now commissioned by Hampshire County Council Childrens Services.

**Mitigating actions:** The outcome of the 2013/14 Strategic Review of Young People's services was the re-commissioning of accommodation based services for Young People aged 16 – 21. Following the transfer of the supporting people budget for young people in July 2014, this review took into account 16/17 year olds with complex needs where a statutory duty lies with the District Housing Authority and provision of accommodation based services to young people aged 16 – 21 based on assessment of need. 16 and 17 year olds are also able to access advice and support through the Early Help Hubs.

Young people aged 18 – 25 will continue to be able to access proposed generic community support services and accommodation based provision following assessment of need.

#### **Sex:**

The majority of services in this cluster are mixed gender. Up to date data regarding the proportion of men and woman using the services included in this review is not currently available, however information from client record forms in 2010/11 showed 56.6% of service users to be female, this data includes domestic abuse services which are not included in this review.

Proposals include replacing the support services that are attached to accommodation based schemes for families and teen parents with access to community support. The majority of adults using these services are female and therefore this proposal may have a disproportionate affect on women.

**Mitigating actions:** Proposals for new Social Inclusion Services are for generic support services that will offer support based on need not service user demographics. All services will be equally accessible to men and women. Families, including young mothers over the age of 18, will be able to access the proposed generic support services.

**Pregnancy and maternity:**

Proposals include replacing the support services that are attached to accommodation based schemes for families and teen parents with access to community support. This group may include pregnant women. Specialist services for teenage parents are currently commissioned in Hart, Rushmoor and Havant. In other districts support is available through generic community support services.

**Mitigating actions:** Proposals for services supporting this group will mean that future support would need to be offered in different ways, making use of proposed newly commissioned generic support services and intensive housing management via accommodation providers.

Pregnant young women aged 16 – 18 will be able to access accommodation and support through the supported lodgings contract commissioned by Children's Services from April 2015. Community Support providers will be expected to be fully up to date with provision for this group within the local community, sign post individuals towards this provision and support access if needed.

**Monitoring and Performance:**

A robust performance monitoring process will be put in place involving submission of equalities data quarterly from providers of the proposed new services from July 2015. This would be used to monitor any impact on the groups above. Remedial action would be taken if any differential impact is identified.

A partnership approach to contract monitoring would be adopted to support providers to implement new models of service delivery and manage demand.

Should there be any issues relating to an individual's race, sexual orientation, gender identity, marital status or religion then appropriate guidance would be sought from Hampshire County Council's Joint Equality and Community Development Team.

In delivering the proposed new services, providers would have to comply with the Equality Act 2010. Compliance would be monitored by Hampshire Adult Services' Commissioning officers.

## Appendix E: Budget Position for Homelessness Accommodation Based and Community Support Provision by Area

Geographical Area	Original Spend 13/14	Position at the Time of the Executive Member Decision Day July 2014	Proposed budget for new services after redistribution (formula + 75% dampening)
<b>Basingstoke &amp; Deane</b>	£1,339,480	£819,797	£746,468
<b>Hart &amp; Rushmoor</b>	£664,342	£444,734	£580,711(*includes £100,000 to develop emergency access provision)
<b>Fareham, Gosport, Havant &amp; East Hants</b>	£1,884,501	£1,404,436	£1,393,656 (**plus £38,000 CSD)
<b>Winchester, Test Valley, New Forest and Eastleigh</b>	£1,652,161	£1,368,916	£1,417,045
<b>Total</b>	<b>£5,540,484</b>	<b>£4,037,883</b>	<b>£4,137,880</b>

\*Includes an additional £100k to support emergency access for single homeless people in Rushmoor.

\*\*An additional £38,000 from Hampshire County Council Childrens Services Department will be available to support accommodation based provision for 16-17 year olds in this area

It is also proposed to use an additional £120,000 from the budget for ex offenders to increase capacity for the provision of services to those with more complex needs across the County.

## Appendix F: Summary of Provider Survey Responses Social Inclusion Services Review

### October 2014

There are 41 services included in this review, provided by 19 different providers. All providers were sent questionnaires in September and offered 1 to 1 meetings.

13 providers took up the opportunity to meet on a 1 to 1 basis.

9 providers returned questionnaires.

### Summary of Consultation to Date

A summary of questionnaire responses received to date and feedback from meetings is given below:

<p><b>What have been the challenges delivering services to the socially excluded client group within the staged model since the beginning of the new contracts in April 2013? Are there any significant trends you have noted over the last 18 months?</b></p> <p>All providers have noted an increase in referrals for clients with complex needs. In particular, an increase in support needs related to mental health, learning disability, poly-substance misuse (including legal highs) and MAPPA referrals. Two providers also reported an increase in referrals for difficult to engage young people and one reported an increase in ex service personnel with PTSD. Floating support providers reported an increase in demand. One specialist family floating support service also reported an increase in families on JSA, where individuals had never worked or had not worked for a long time and lacked the skills to secure suitable employment. Generic floating support services have seen an increase in referrals for people with learning disabilities and mental health needs who do not meet statutory eligibility criteria for care services. They have attributed this to changes in the eligibility criteria for longer term disability services.</p> <p>Move on was cited as a particular challenge in most responses. Particular issues included 'lack of move on options for people with complex needs', 'decline in available housing', 'high rents in the private sector', 'difficulties securing deposits / rent bond schemes' and the 'requirement of guarantors to secure private rented housing'. Most providers who are experiencing success securing private rented are supporting people to move away from their local area. One provider mentioned success finding accommodation in Southampton and Eastleigh areas.</p> <p>Providers at the front end of the model are often unable to move</p>
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clients with higher support needs into stage 2 accommodation as providers assess these service users as too high risk for the number of support hours attached to the service

Other significant challenges relate to the numbers of people being sanctioned by the DWP and delays with benefit payments and PIP claims.

Two providers stated that more targeted support in partnership with health was needed.

**What do you feel works well in the current service model and what not so well?**

**Works well:**

Two providers mentioned that the continuation of the Supported Housing Panel in Winchester had been useful in terms of partnership working. They also stated that this supported local delivery and provision of services to people with a local connection

Floating support providers reported success with the drop in model, particularly where these were operating in collaboration with other agencies. The flexibility of the floating support contracts to provide support in a range of different ways was included in responses by 3 providers. Direct access to floating support has enabled providers to improve response time and early assessment.

Outreach support linked in with direct access hostels.

One provider for the whole pathway. The young persons combined stage model was also given as an example of good practice

**Works not so well:**

No consensus within providers regarding definitions of stages. Support pathway inadequate and too dependent on supported housing

In a pathway model you can only be as efficient as those around you. Stage 2 services can be 'squeezed' at both ends.

Return rate into services is high. Very complex cases come round the system time after time.

Lack of risk information on referral forms

Poor communication between stakeholders/partners results in poor outcomes for service users

Stage 3 accommodation based services have insufficient support

	<p>hours to meet the needs of people requiring the service. This was a particular issue in Winchester where there are no designated stage 2 services.</p> <p>Drop ins in rural areas</p> <p>Inappropriate referrals to floating support (repairs issue only)</p>
<p>1.</p>	<p><b>Do you have any examples of successful service models for this client group from your experience delivering services in other local authority areas or through your wider partnerships?</b></p> <ul style="list-style-type: none"> <li>• Systems Thinking Approach</li> <li>• Support provided at community venues to reduce dependence on home visits</li> <li>• Use of group work by floating support services to tackle common needs within the community</li> <li>• Core/flexi type support in accommodation based services</li> <li>• Universal paperwork across all services</li> <li>• One Stop shops (housing, substance misuse, CAB)</li> <li>• Pathway model with one provider for multiple stages</li> <li>• Provision of alternative therapies</li> <li>• Advocacy support</li> <li>• 24/7 support for complex needs</li> <li>• Flexibility within floating support contracts to maximise throughput and availability</li> <li>• Sign posting and maximising the use of existing resources within the community</li> <li>• Peer support groups</li> <li>• Links with health services</li> <li>• Specialist worker roles within generic services (MH, mediation, substance misuse)</li> <li>• Provider led training courses for service users – tenancy sustainment, personal safety, assertiveness, healthy living and</li> </ul>

	<p>anger management were given as examples</p> <ul style="list-style-type: none"> <li>• Support planning that promotes wider social inclusion</li> <li>• Joint funding to address the MEAM client group</li> <li>• Joint working with partners to deliver preventative surgeries to respond to specific issues (eg. Mental Health and Domestic Abuse)</li> </ul>
2.	<p><b>What do you think the challenges would be delivering an integrated service model that combines all or some accommodation based services with community support?</b></p> <ul style="list-style-type: none"> <li>• Landlords would need to be on board and be prepared to maximise intensive housing management input</li> <li>• Move on is a challenge to any model</li> <li>• Loss of identity for voluntary sector organisation that are experts in their field</li> <li>• Cost and TUPE implications</li> <li>• Barrier could be access to accommodation in the districts of Hampshire where there are rural communities and satellite towns rather than a centre</li> <li>• May reduce the risks landlords will take. Floating support is inappropriate for shared provision for people with complex needs. Too high risk for landlords. May withdraw buildings.</li> </ul> <p><b>What do you see as the essential elements of such a model?</b></p> <ul style="list-style-type: none"> <li>• Information sharing would be key</li> <li>• Central coordinator to take overall responsibility for service delivery and outcomes</li> <li>• Joint working protocols and partnership work with the landlord.</li> <li>• Facilitates transition from supported to independent living</li> <li>• Demonstrates a clear pathway for clients</li> <li>• Essential elements would be outreach, assessment/triage</li> </ul>

	<p>hostel, resettlement service and or housing first model, move on with FS</p> <ul style="list-style-type: none"> <li>• Mapping what the needs are now and in the future</li> <li>• Statutory provider input and partnerships</li> <li>• Hard and soft targets</li> <li>• Assertive engagement with complex clients</li> <li>• Community involvement</li> <li>• Keep paperwork and bureaucracy to a minimum to enable staff to spend additional time with clients to achieve outcomes</li> <li>• Flexibility to design staffing structures which offer a range of skills and competencies to meet the needs of individuals. These may include posts that have traditionally not been covered by SP funding</li> <li>• Interventions need to happen at both the high end and low end of people's support needs.</li> <li>• Client involvement</li> <li>• Acceptance that some clients need to go backwards before moving forward. Their personal journey may be cyclical not linear.</li> </ul>
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<p>3.</p>	<p><b>Please give your perspective and experiences of outcomes based commissioning and different models of payment by results. What are your immediate concerns?</b></p> <p>The idea of outcomes based commissioning was generally supported.</p> <p>Specific responses included:</p> <p>'It is outcomes that should be commissioned not staff hours. If a service can't demonstrate outcomes what is it doing?'</p> <p>'Outcomes would need to be realistic and measurable'</p> <p>'Support needs to be flexible and respond the individual need. This should be reflected in outcomes'</p> <p>'Agencies may cherry pick and only work with those service users that</p>
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	<p>they can achieve positive outcomes with'</p> <p>Concerns were expressed regarding PbR. A number of providers felt that a PbR model may put the most vulnerable clients at risk and stated that putting outcomes around more complex clients is difficult. There was a suggestion that this could be recognised by developing softer outcomes that have historically not been captured. Entrenched clients and those with more complex needs tend to fluctuate in terms of outcomes. Any model would need to ensure that providers do not 'cherry pick' to get results. One provider gave an example of another local authority that is currently commissioning a service with an element of PbR for successful outcomes with the most complex service users.</p> <p>Other responses included:</p> <p>'PbR would need to be a bonus for outstanding work rather than 'not getting the money we need.'</p> <p>'PbR should be for service outcomes not for individual service users'</p> <p>'Would services put up with bad behaviour to achieve results?'</p> <p>'If this was an integrated service with multiple agencies involved, if one agency failed to meet targets would we all get penalised?'</p> <p>'Providers need to be involved in setting outcomes to ensure that they are realistic and specific.'</p>
<p>4.</p>	<p><b>What outcomes do you think should form the basis of service delivery for this client group?</b></p> <p>Specific outcomes were listed by 3 providers. More general responses included:</p> <ul style="list-style-type: none"> <li>• Outcomes need to be person specific and client led</li> <li>• Length of stay should not be included as this is dependent on individual needs</li> <li>• Use of Outcomes Star</li> <li>• Need to capture the ranges of support delivery (those with low to high needs)</li> <li>• Include drop in and cluster group activity to fully demonstrate the range of intervention and engagement</li> </ul>

	<ul style="list-style-type: none"> <li>• Social value outcomes</li> <li>• Planned moves need to be included</li> <li>• Measure level of independence, not just planned moves</li> <li>• Service user feedback should be used to measure outcomes</li> <li>• Need to involve the local CCG</li> <li>• Sitra common data framework should form the basis</li> <li>• What would generic results look like? Outcomes are not consistent across client groups</li> <li>• Measures distance travelled for the individual</li> <li>• Simpler more achievable outcomes, especially around returning to work and or education or social inclusion would contribute to communities thriving.</li> <li>• Difficult to measure how much personal skills have improves</li> </ul>
<p>5.</p>	<p><b>If we were to consider redistribution of available funding geographically, what indicators do you think would give us a reliable measure of need within a particular area?</b></p> <p>Most responses included indicators that would be included under the Indices of Multiple Deprivation.</p> <ul style="list-style-type: none"> <li>• Historical commissioning</li> <li>• Emerging and historic trends</li> <li>• Take up of services/utilisation/waiting lists</li> <li>• Benefit claimants/ JSA sanctions</li> <li>• Crime stats</li> <li>• Crime stats specifically relating to substance misuse</li> <li>• Rent arrears data</li> <li>• No of people presenting as homeless to local council</li> <li>• Employment</li> </ul>

	<ul style="list-style-type: none"> <li>• Health</li> <li>• Poverty Scores</li> <li>• Accommodation availability and local cost</li> <li>• What other services are available in the District/Borough</li> <li>• Availability of housing and rent bond/guarantor schemes</li> <li>• Impact of substance misuse in an area</li> <li>• Travel in rural areas and gaps in community provision</li> <li>• Number of referrals to current provision</li> <li>• Substance misuse stats</li> <li>• GP data</li> <li>• NHS data</li> <li>• Adult social care data</li> <li>• Homelessness data</li> <li>• Rough Sleeper counts</li> <li>• NFA admissions to hospital</li> <li>• Equality and diversity data</li> <li>• Decide on data to include and use as % of population in a particular area.</li> <li>• Rural areas should not be marginalised because there is seemingly less volume of needs</li> <li>• Availability of HMOs in local area</li> </ul>
6.	<p><b>Other comments:</b></p> <ul style="list-style-type: none"> <li>• Engagement with landlords is essential in the development of any new model</li> <li>• Retaining named buildings would aid continuity</li> <li>• Need to ensure that provision for vulnerable people who don't meet statutory criteria remains a key element of prevention and</li> </ul>

early intervention

- Housing criteria remains important but a wider scope of criteria would be more beneficial so we are able to support customers who may remain vulnerable with no obvious current housing need but are identified as struggling to maintain independence with no statutory needs.
- Support delivered alongside housing management offers the most consistent package for service users.

## **Appendix G: Homelessness Services - Summary of Service User Consultation**

**May 2015**

### **Introduction**

The aim of this project is to ensure that service users across the cluster are informed about the review process and have the opportunity to be consulted and involved in the process.

The project plan was to contact each of the providers with services included in the review and hold a meeting with their service users, either attending existing forums or through setting up a specific meeting. These would be followed by a number of smaller meetings made up of service user representatives, culminating in supporting them to devise and evaluate a tender question, working with the Council's procurement team.

### **Service Specific Meetings**

Initially contacting all providers during the middle of January, I was able to begin arranging meetings for February and March. Only one provider said that they would not be able to facilitate a service user meeting at the present time. I drafted a short information briefing to:

- Introduce the background leading to the current situation
- Provide information about the process and methodology, including how service users would/could be involved and timescales
- Explain how Hampshire wanted service users views on current services and development of outcomes for new services
- Explain the importance of service user views in assisting Hampshire to get this right
- Include and check the areas where feedback was important
- Ensure information was collected on what service users wanted Hampshire to know was really important to them
- Stress all answers would remain confidential
- Allay any fears, worries or concerns that service users may express about what services would be available after April 2016
- Encourage those service users who expressed interest to be involved in focussed representative meetings
- Maintain consistency at each of the service based meetings

18 service meetings were held with a total of 113 service users, with attendance varying from 2 to 21, partly depending on the size of each service. Two providers have returned feedback individually completed by 8 service users.

## **Feedback from meetings**

Throughout all the meetings the honesty, openness and frankness expressed by those attending was by turn humbling and inspiring. The depth and breadth of support provided has enabled really vulnerable people to coproduce needs and risk assessments and support plans, achieve their own agreed outcomes and move towards or maintain independence.

There were very few, if any negative responses. One was regarding the amount of support available for the number of people who needed it. Second was regarding support available to move to where family were or remain in the area you had been receiving support and were establishing roots. Third, which was, mentioned by more than one person, tended to be not about the support, the staff or the organisations but about how their support organisation dealt with a small percentage of service users, who did not accept support, were seen to be taking advantage, and were not taking any responsibility themselves and were taking up services that other vulnerable people needed and couldn't get into. There was a general recognition though that everyone was at a different place, you needed support at times of crisis but there came a time when the changes had to start from yourself and that was when your support was really successful in enabling you to achieve outcomes.

The following responses have been collated as a combination from all of the meetings and the written feedback received, collected under each of the subjects discussed. In many areas there was a consistency with the responses from the service user questionnaire that was carried out in the summer of 2014. Some direct quotes have been included.

**How did you find out about support when you needed it?** From parents, other family members, friends, local district councils, word of mouth, midwife, Adult Services, other providers. However generally many individuals thought there should be more advertising on services available where they would be able to pick it up, in day services, youth clubs, CABs, pubs, drugs and alcohol services.

**What was the timescale from finding out about the service to referral, acceptance and receiving a service?** This was generally quite quick but varied from the same day, 2 days, a week and up to four months where they were waiting for a vacancy.

**Can you explain what led you to needing support from your service?** Family breakdown, Pregnant, Homeless, Prison, Drug and Alcohol issues, Mental Health issues.

**What Support are you currently receiving?** Up to five hours a week for assistance with finding accommodation, dealing with bills, budgeting and debts, eviction, drugs and alcohol addiction, life skills, writing CVs, getting into or returning to education/training, apprenticeships, work or volunteering, health issues, counselling, establishing or re-establishing relationships particularly with family, form filling, reading and understanding letters, move-on (utilities, furniture, council tax) and

maintain tenancies, Depression and other health issues including recovery, court orders and Probation and Adult Services.

**How much support do you get and is it available when you need it?** It is the right amount and there when you need it. There are regular sessions at agreed times but you can usually get help from staff at any time, when you need it. The service users knew about contacting an “on call” number. Many said they received help, information and support from other service users as they had shared problems and experiences, developed a support network, all been through it and this was often encouraged and facilitated through their support provider. There were a surprising number of uses of the word ‘prevention’ in describing the support people receive, especially in terms of alleviating future crisis.

**What happens if staff are not able to provide the support you need?** There was a lot of mention of staff supporting service users with help to contact, make appointments and/or attend other services. Other services mentioned that service users had been ‘signposted to’ included DAAT, colleges, CAB, health, hospital and GPs, health visitors and CMHT and specifically Alabare, the Junction, Children’s centres, Young Mums Matter. One service user said “It was important for them to get all right services together”. Specific support was provided “in understanding and getting my medication levels right” Other support when staff weren’t around was through a welcome pack/list of useful contacts that was provided and a specialist drop-in. Staff know “the right people/information for what I need”

**Do you have a Support plan?** Without exception everyone knew they had one, was involved in it and could change it. “It is what I want”

**How long have you been at this service?** The time that people had been in the service varied from 1 month to 3 years. Generally the service users knew there was a time scale for receiving support and many were working towards a reduction of support and move-on from when they first entered the service. However there was a general issue raised with the problem of available move-on accommodation, which many said had made their stay within the service longer than it needed to have been.

**How have you changed since you have been receiving support?** Become more independent, gained confidence, have started volunteering/Peer Mentoring, one ex-user had come back as a staff member, “We are treated as individuals/adults” “as other human beings”, “I have now got a doctor and am dealing with my health issues”, “I have got motivation and want to change”, “I feel safe and secure”, “I have a chance to focus on myself”, “I have gained skills” “This period of two and half years is the longest I have ever been out of prison”.

**What would you say about the staff?** There is the right amount and at the right time. “They always double check I am okay”, they find alternatives, they provide what we want, they don’t push us into their ideas, we have regular meetings, they are on your side, staff are non-judgemental, someone is there when needed, they are flexible, provide encouragement, help us identify weaknesses and deal with them, they are caring, compassionate, listen to us, it is not just a job, the support they provide is tailored to our needs, I can even text or ring in, my support is there if

needed, staff support is confidential, they get things done, they are amazing, bend over backwards, very experienced and knowledgeable.

**What outcomes are in your support plan?** Housing/ to get on the housing register/ to achieve successful move on, Home-choice, get on with/contact my family, to find volunteering opportunities, get work, go to college, join in community activities, maintain my tenancy, support me to return home, get a job and qualifications, Make a new beginning/restart my life, have a new chance, have social activities like joining a gym, going to baby groups

**Where would you be or what would have happened to you without support?** “My children would have been taken away and be in care, I would be homeless, sofa surfing, living in a tent, have committed suicide, have been sectioned, been in hospital, been evicted, in a B&B, in Prison”. “I wouldn’t leave my house”, “This support has saved my life”, I would be back into crisis, “Where would I have turned to”. There were many service users who said they would be suffering from depression again, been back on drugs or alcohol, been in foster placement or lodgings, returned to stealing/shop-lifting/burglary/other crime or be back in rehab again.

**What changes or improvements would you make to the service?**

- There are a lack of housing options – how can we improve Home choice/Housing options/the banding system
- Options for increased accommodation through Private landlords or Sub-letting, more bedsits and follow up flat
- Improved, larger communal areas in shared accommodation but less sharing of facilities for cooking and laundry
- Difference between those service users who want to change and those who don’t
- More information and easier Home swaps
- On going support is important even for a limited time or for a one off call in times of crisis to avoid a relapse
- You can’t always get support when you need it especially evenings, during the night and at weekends
- More services in accessible locations
- Increased emergency beds/direct access
- Increased overall capacity
- The transition period is important so a pathway through with planned reduced support
- Some way of dealing with the need for a rent guarantor
- Improved links with local/district authority and problems with a local connection
- Service users expressed a wish to be more involved in their service and organisation including volunteering, peer-mentoring and involvement in staff recruitment

**Representative Groups**

There have been three meetings of those service users who expressed interest- in February, March and April.

The first meeting on the 27<sup>th</sup> February was held after meetings with 10 providers was attended by 6 service users. The meeting was given an up to date briefing and feedback from the first round of organisation based meetings. Main topics of discussion were:

- How services are currently working – The meeting felt that it was important for services to have structure and for service users to understand responsibilities and consequences. Timescales around the length of support was an issue that would need to be discussed at a future meeting
- Outcomes that were important to service users and that achieving independence and maintaining tenancies were two of the most important. Measurement of outcomes would be an important issue for Hampshire
- The roles of support staff and the agreement that support should/does vary and over time in a service that support will and can reduce
- The suggestion of a pathway of services including Direct Access, shared and self-contained accommodation and floating support. For some service users it was important to know that the use of drugs and alcohol were not allowed in their service. There was a consensus of opinion that times of support should be flexible to include evenings and some part of the weekend as well as knowing that outside of these times, there was an on-call system that would respond
- Geographical spread of services as there was a recognition that there would not be the extent of current services due to budget constraints
- Provision of specialist support
- Much of the discussion confirmed what had been said at the service level meetings

The next meeting was held on Friday 13<sup>th</sup> March and two additional service users attended from other services, visited since the first meeting.

- The meeting reviewed notes from the initial meeting
- There was further discussion on how services could work including the importance of service users having a complete service often by linking into other providers and specialist services
- The use of drop-ins was introduced and felt to be a useful option, preferably based at an accessible independent venue rather than 'Council' offices. The use of a shop front or day centre was discussed as two existing services use. It was suggested that successful working included attendance from other services such as housing benefit, job centres and midwives
- Discussion on the length of support ranged from as short as four months to one or two years in accommodation and for floating support from eight weeks down to limited occasional support for up to two years to reassure or avert crisis.

- Amount of support suggested ranged from up to ten hours a week when first entering a service down to contact by phone or drop-in at the culmination of floating support
- Service users felt that if they moved from accommodation based services to floating support, continuation and consistency of support was important. Ideally this would be through the same provider but if not possible there should be proper handover and joint working at time of transition
- Much of the discussion ranged around the provision of available move-on accommodation. Whilst recognising this as a problem, it was suggested that this needed to be faced by everyone working together and exploring all possibilities. This included support providers, housing associations and private landlords, district and county councils as well as the service users themselves.
- Sub-letting schemes, rent guarantors, use of an enhanced banding or points scheme, continued limited support from existing provider and even checking local adverts were all options that had assisted successful move-on

The third meeting on Thursday 23<sup>rd</sup> April was the best attended so far with fifteen service users from seven different providers attending.

- Provision of the same information about available services across the County was seen to be really important with some users being given all the information they needed whilst others said they had to source their own information. A suggestion was that all information about services and support county wide should be available in a directory that all service users could have access to. Leaflets about local and specialist support should always be available where vulnerable people would be able to get it, libraries, doctors surgeries, hospitals, youth clubs, police and probation were all suggested.
- Continuation of support should be provided wherever possible by the provider of the initial support because of the issues of repeating all previous personal information, trust, consistency and knowledge about the service users and their issues
- Any pathway should include Severe Weather Emergency Protocols (SWEP), night shelters, shared and self-contained accommodation, floating support and the use of drop-in centres
- There should be no gaps in provision
- Timescales and levels of support should be individually based and flexible
- It would be really helpful to understand and achieve consistency with local resources and any local connection policy not only across districts within Hampshire but both with neighbouring authorities and nationally
- All services should be a stepping stone to assist service users in achieving their outcomes
- Providers should promote and facilitate more support for service users from each other. "We are the ones who need support and those who have been through a service have experience they can share with us to help".
- Two service users who attended are now working with provider organisations and a number of others felt that both now and in the future they would want to

do this either through mentoring, volunteering, training or as a member of staff.

The meeting was attended by a member of the Hampshire CC Procurement and Commissioning team who explained the proposed involvement in writing and evaluating a tender question. Service users understood the protocol and confidentiality this would involve.

A number expressed interest in being involved at that stage and further meetings would be arranged for that group to take this further.

Mike Ballard May 2015