

Communities Directorate - Healthier Communities

Multiple Needs Services Review

Business Case

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1. Background and Context

1.1 Background

There is growing awareness that populations experiencing challenging problems such as homelessness, drug and alcohol misuse, poor mental health, and offending behaviours overlap considerably. There is also concern that these vulnerable individuals may ‘fall between the gaps’ in policy and services altogether, or be channelled into separate and uncoordinated services.¹

The preventative support services review commenced in 2015 to examine prevalence of these issues locally. The scope of the review encompassed two areas of interlinked activity:

- Remodelling of homelessness and welfare advice services
- Provision of support services for people with multiple needs

1.1.1 Review of Welfare

The council commissioned a review of local welfare provision in 2015 in response to budget pressures and emerging need linked to Welfare Reform, with the initial recommendations being agreed by cabinet in November 2015. The review recommended changes to access and delivery mechanisms, and homelessness and welfare services were merged and restructured in April 2016. This has provided a triage and gateway function, through which advice and support services will be accessed. The gateway enables the council to control referrals into commissioned support services and temporary accommodation to ensure these are prioritised for those with the greatest need. 2016/17 is being used as a transitional year, to allow testing of systems and pilot operating models, with a full implementation to align to the procurement of new support service provision. It should be noted that the Council Communities is also entering into partnership arrangements to design out a public sector hub with agencies such as the police and that this may incorporate the gateway design referred to in this report.

1.1.2 Support Services

Existing support services are currently client group specific, and deliver housing or tenancy related support in either an accommodation facility or the clients own home. Demand for services is increasingly from clients who have multiple needs and whose needs exceed those met by traditional housing related support provision. These clients typically present with one or more of the following - homelessness, substance misuse, offending and poor mental health.

Existing contracts will expire on 31st March 2017, prior to which it is proposed that a remodelled service will be commissioned to provide support to meet identified client need, ensuring provision aligns to the recommendations of the following earlier reports:

- Review of Welfare
- Homeless Support Services Review
- Cost pressures incurred through addressing the needs of young homeless people aged 16-18 in Barnsley

1.2 Purpose of the document

The purpose of this document is to present a business case for the future commissioning of support services that align to identified client support needs; this will be achieved by:

- Analysing current services and resources
- Understanding the need, value and benefits of the services
- Identifying and evaluating options
- Implementing the preferred option

¹ Lankelly Chase Foundation, ‘Hard Edges – Mapping severe and multiple disadvantage’ 2015
CR382

1.3 Definitions

1.3.1 Multiple Needs

There are a number of different definitions of multiple needs, however, for the purpose of this review we have used it to describe people who present with one or more of the following support needs:

- Homelessness – including rough sleeping
- Substance misuse – including alcohol, legal and illegal substances
- Mental ill health – including those with and without a diagnosed condition
- Offending

2. Analysis of current services, resources and performance

2.1 Housing related support services

Existing service provision is contracted to provide clients with ‘housing related’ support, and was commissioned for individual client groups in accordance with the funding conditions of the ‘Supporting People’ national programme, through which funding was allocated until 2010.

This model delivers support only relating to housing or tenancy related activity, and is limited to those tasks that are associated with the successful retention of the client’s accommodation. It should not include any specialist intervention relating to other needs, including substance misuse or poor mental health, other than signposting and referring into specific services.

Since 2010 the contracted services have undergone significant remodelling to meet budget pressures, while some services were transferred to more appropriate directorates following the implementation of the Future Council restructure in 2015.

The services retained by Healthier Communities include those designated for homeless single people, young people with support needs, offenders and low level mental health problems. The schemes are a mixture of accommodation and community based services, with varying referral routes. The following services have been identified for inclusion on the review, and have never been subjected to a competitive tender process, and are currently covered by a waiver to contract standing orders until 31st March 2017.

2.2 Existing service provision identified for inclusion in the review

2.2.1 Accommodation based services

Table 1 shows the existing contracted support services which have been identified for inclusion in the review, which would be remodelled or decommissioned to deliver the proposed multiple needs provision.

| Client Group | Scheme | Units | Annual value | Weekly unit cost | Support Provider | landlord |
|-----------------|-------------------------|-------|--------------|------------------|----------------------------|----------------------------|
| Young people | Highfield Terrace | 5 | £154,060.24 | £592.53 | Stonham Home Group | Stonham Home Group |
| Young people | The Forge | 17 | £288,477.75 | £326.33 | SYHA | SYHA |
| Single homeless | Holden House | 42 | £175,089.64 | £80.16 | Riverside Care and Support | Riverside Care and Support |
| Mental Health | Jubilee Gdns Satellites | 6 | £27,291.79 | £87.47 | SYHA | SYHA |
| Offenders | Action Accommodation | 16 | £82,761.14 | £99.20 | Action | Action / Berneslai Homes |



| | | | | | | |
|---------------|------------------|------------|--------------------|---------|-----------|----------------------|
| Generic | Thursday Project | 17 | £81,526.08 | £92.22 | SYHA | SYHA/Barneslai Homes |
| Mental health | High Street | 9 | £79,178.92 | £168.72 | Sanctuary | Sanctuary |
| | | 112 | £888,385.56 | | | |

2.2.2 Existing floating / outreach support

Table 2 shows the existing floating support and outreach services identified for inclusion in the review. These would also be remodelled or decommissioned to deliver the proposed multiple needs provision.

| Client Group | Scheme | Units | Annual value | Weekly unit cost | Support Provider |
|---------------|----------------------------|------------|--------------------|------------------|----------------------------|
| Offenders | Action Floating | 43 | £217,248.00 | £96.89 | Action |
| Offenders | BOSS | 20 | £81,556.64 | £78.21 | Foundation |
| Generic | Floating Support | 24 | £69,390.93 | £55.60 | Riverside Care and Support |
| Young people | Floating Support | 20 | £82,767.98 | £79.58 | Stonham |
| Mental health | Community Floating Support | n/a | £70,406.94 | £16.63/hour | Together |
| | | 107 | £521,370.49 | | |

2.3 Performance of existing services

2.3.1 Key Performance Indicator – Planned Moves

Contracted support providers previously submitted data relating to a national KPI which recorded planned moves against a set of definitions. During the last complete 12 month reporting period, the following cumulative levels of planned moves were reported:

| Provider | Service | Planned moves | Unplanned moves |
|------------|----------------------------|---------------|-----------------|
| Stonham | Highfield Terrace | 87.5% | 12.5% |
| SYHA | The Forge | 59.6% | 40.4% |
| Riverside | Holden House | 84.1% | 15.9% |
| SYHA | Jubilee Gdns Satellites | No data | No data |
| Action | Accommodation | 68.7% | 31.3% |
| SYHA | Thursday Project | 100% | 0% |
| Sanctuary | High Street | 100% | 0% |
| Action | Floating support | 80.2% | 19.8% |
| Foundation | BOSS | 55% | 45% |
| Riverside | Floating Support | 100% | 0% |
| Stonham | Floating Support | 100% | 0% |
| Together | Floating Support | No data | No data |

There is clear disparity between the numbers of planned exits from accommodation based schemes when compared to services being delivered to clients already in settled accommodation. It is expected that those with the highest need, who do not have access to settled accommodation are those represented in accommodation based services, and it is these that are experiencing the poorest long term outcomes. As no analysis is available of ongoing sustainability of those reported to have exited in a planned way, it is not clear of these how many were able to manage or retain their subsequent move on property.

2.3.2 Refused / excluded referrals

Chart 1 shows the incidence of refused referrals, which could not be accepted by existing services due to the level of their presenting support needs. Other reasons for refusal were the client being found not to be homeless or being unable to accept a client as they could not access property on the day of prison release. These findings support the proposal for services sufficiently resourced to address multiple support needs.

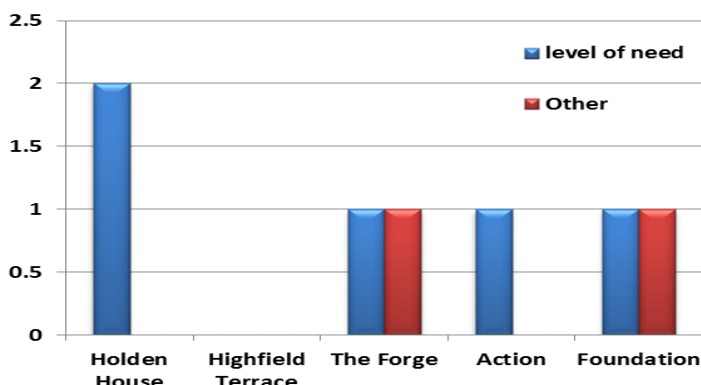


Chart 1

2.3.3 Operational data

A number of operational issues have resulted in interventions to improve support and outcomes for clients. These have included:

- The Forge – a BMBC manager was seconded into the service for a temporary period between 2014 - 15 to introduce a less enforcement focussed culture, in response to allegations of child sexual exploitation and poor move on outcomes for clients. While significant improvements have been reported from operational stakeholders, the scheme retains a level of stigma both among potential clients and within the media.
- Holden House – an operational review was conducted to evaluate levels of presenting need, following a number of serious incidents where the service was unable to access sufficient specialist support for clients with multiple needs, or where the client refused to engage with specialists, resulting in housing support staff being left to deal with serious instances of self-harm.

This review found that there were significant numbers of clients and referrals from people with multiple needs, and, due to the limited resources available through the current contract value, the service frequently had to fill voids with clients with lower needs to ensure they could cope. In a number of cases, these clients only need was homelessness, and had they had access to alternative housing options, could have moved directly into independent living.

2.4 Resources

2.4.1 Financial resources

The current annual value of services scoped into this review is £1,409,756.00; however, to ensure financial parity with interlinked commissioning activity, a proportion of this revenue will be earmarked up to £400,000.00 to fund services for domestic abuse and sexual violence, which currently only receives annual revenue of £367,145.00. This will leave annual revenue of £1,009,756.00 to fund the proposed services for multiple needs.

There is evidence of presenting need of domestic abuse and sexual violence within existing housing related support services, therefore, by ensuring both areas of activity are appropriately resourced will further benefit those presenting with multiple needs, and ensure a robust support pathway is in place.

2.4.2 Accommodation resources

The provision of a ‘support pathway’ is an integral part of the proposed model. This will aim to reduce rough sleeping, ensure the council can meet its statutory homelessness requirements and deliver a ‘step down’ facility to promote timely move on from higher support services.

Existing accommodation based services are delivered in a mix of purpose built facilities and dispersed properties, both of which will be required in the remodelled service. The majority of purpose built services were developed in partnership with the landlord organisation and BMBC who provided or accessed the capital funding, land, or both. A lack of sufficiently robust legal covenants have prevented the automatic retention of these resources, requiring negotiations to be undertaken with landlords to agree the future availability of their properties. This has resulted the schemes detailed in Table 4 being secured for retention and use in the proposed service:

| Accommodation | Current use | Capacity | Landlord | Ward |
|-------------------|-----------------|----------|-----------|-----------|
| Holden House | Single homeless | 42 | Riverside | Kingstone |
| Highfield Terrace | Young people | 5 | Stonham | Central |
| The Forge | Young people | 42 | SYHA | Old Town |

It should be noted that the owner/landlord of the Forge, SYHA has advised the Council that they no longer wish to retain the building and so during this period the Council will broker arrangements for potential transfer. There may be opportunities for investment into this service for a remodel using capital finance from the Homes and Communities Agency. It is early days but the intention is to try to retain this site for future use.

The following property, listed in Table 5 is in outright ownership of the landlord organisation, and therefore the council has no legal redress to continue use and occupation beyond March 2017, however the landlord has agreed to make the provision available for use in the proposed model.

| Accommodation | Current use | Capacity | Landlord | Ward |
|---------------|--------------------|----------|-----------|----------|
| High Street | Mental health / LD | 9 | Sanctuary | Dodworth |

2.4.3 Dispersed accommodation provision

The availability of suitable, affordable move on accommodation is integral to the success of a support pathway, to reduce bed blocking, prevent clients being over supported and promote independent living.

Current services rely heavily upon access to general needs accommodation provided by the councils ALMO, Berneslai Homes, however, there is limited turnover of suitable properties, and clients are often excluded from their waiting list due to existing arrears or issues related to previous tenancies. Restrictions on housing benefit entitlement, particularly for clients under 35 years of age further limits available housing options, resulting in the use of less suitable accommodation within the private rented sector.

Other housing solutions are available, including the social lettings agency, managed by the councils Housing Options service, and non commissioned providers, including ‘Bridge-it’ who currently provide in excess of 30 units of accommodation by utilising the ‘intensive housing management’ element of housing benefit. These provisions are not currently delivered in a joined up way, therefore there is no consistency between the options offered between clients exiting different services.

To remedy this, an incoming provider will be expected to have a number of move-on options at their disposal. This may include an existing relationship with a private landlord, registered housing provider or property management company to increase housing options and capacity, and to link to, and coordinate with existing provision.

3 Need and demand

3.1 Corporate Vision and Priorities

The provision of support services for clients with multiple needs aligns to the ambitions of the council's corporate vision of 'working together for a brighter future, a better Barnsley', and contribute to the achievement of a number of 2020 Corporate Outcomes.

3.1.1 Corporate Outcomes – 2020

The proposed service will contribute to the following corporate outcomes:

Outcome 2 - Thriving and Vibrant Economy

- Increase skills to get more people working:
 - Improve employability of young people.
 - Raise the skill level of our residents.
 - Increase apprenticeship opportunities.
 - Improve employability of those most vulnerable.

Outcome 5 – Thriving and Vibrant Economy

- Create more and better housing:
 - Improve housing offer to the most vulnerable.

Outcome 7 – People Achieving their Potential

- Reducing demand through improving access to early help
 - Reduction in the number of children, young people and families requiring intensive support.
 - Reduction in the number of vulnerable adults requiring intensive support.

Outcome 8 – People Achieving their Potential

- Children and adults are safe from harm
 - Supporting those most at risk of crisis.
 - Protecting vulnerable adults and children.
 - Prevent nuisance and anti-social behaviour.

Outcome 9 – People Achieving their Potential

- People are healthier, happier, independent and active.
 - People are making healthier choices.

3.2 Prevalence of multiple needs – National data

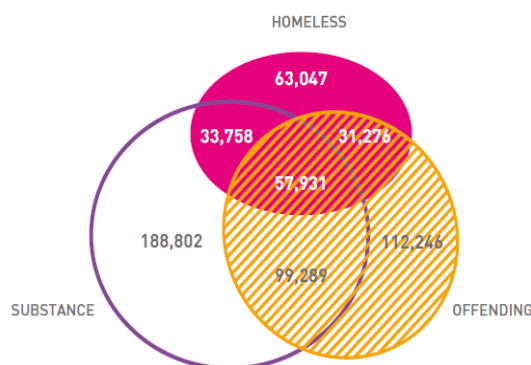
The national prevalence of multiple needs was analysed by Lankelly Chase in their 2015 report 'Hard Edges'. This brought together a number of data from the Offender Assessment System (OASys), National Drug Treatment Monitoring System (NDTMS) and Supporting People Client Record and Outcome data to plot the volume of clients presenting with support needs relating to homelessness, offending and substance misuse.

| Table 6 | |
|---|----------------|
| Category of need | National total |
| Clients experiencing one disadvantage domain only (homelessness, offending or substance misuse) | 364,000 |
| Clients experiencing two of the disadvantage domains | 164,000 |

| | |
|--|----------------|
| Clients experiencing all three of the disadvantage domains | 58,000 |
| | 586,000 |

The Overlap between the three categories is shown in Figure 1, and identifies the national prevalence of homelessness, substance misuse and offending, with those experiencing all three issues at the centre of the diagram. Nationally 80% of multiple needs presentations were from males, most commonly aged 25-44, the majority of whom did not have parenting responsibilities.

Figure 1



Operational evidence gathered by Homeless Link in 2015 supported these findings, concluding that 38% of clients in accommodation based support services had at least one other issue, with 23% reporting alcohol related issues, 32% drugs and other substances and 32% had support needs relating to poor mental health. 76% of accommodation based services included in the survey confirmed they had refused access to a client due to their presenting need being too high, while 55% had refused access due to the need being too complex.

3.3 Local prevalence of multiple needs

Based upon the datasets used in the Lankelly Chase research, Barnsley will have approximately 2479 people per annum with multiple support needs, significantly higher than the 1470 in 'average' local authorities.

To examine why more people locally are developing multiple needs, comparisons have been made between client background experiences collected from the OASys and Multiple Exclusion Homelessness Survey, and local demographic data from the Barnsley Joint Strategic Needs Assessment.

The national data shown in Table 7 identifies clear links between certain life experiences and the subsequent development of multiple needs.

| Table 7 | Homelessness, substance misuse, offending needs | | |
|------------------------------|---|-----------------|-----------------|
| | 1 support need | 2 support needs | 3 support needs |
| Childhood | | | |
| • In care | 6.5% | 17.4% | 17.8% |
| • Ran away from home | 10.3% | 28.3% | 41.9% |
| Education | | | |
| • No qualifications | 26.5% | 34.5% | 45.2% |
| • Truanted | 16.6% | 47.3% | 59.1% |
| • Suspended from school | 10.3% | 25.7% | 46.8% |
| Employment | | | |
| • Long term limiting illness | 20.4% | 41.9% | 45.4% |
| • Mostly on benefits | 15.5% | 32.8% | 44.7% |

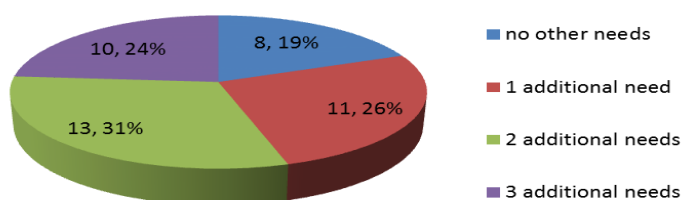
It is not unexpected that certain life experiences lead to a higher prevalence of disadvantage in later life, however, local data relating to similar local experiences indicates that Barnsley has a higher incidence of many of the contributing factors shown to lead to multiple support needs, specifically:

- 20.3% (30,120) of the working age population in Barnsley are receiving out of work benefits, compared to 13.1% nationally.
- 41% of Employee Support Allowance / Incapacity Benefits are claimed due to mental health related conditions.
- Long term unemployment increasing.
- A third of adult population have no formal qualifications.
- Number of 16 year olds attaining 5 A*-C grades at Key Stage 4 (including maths and English) well below national average.
- 24.9% of children living in poverty compared to 21.1% nationally.
- Proportion of adults with a limiting long-term illness – 24.4%. Significantly higher than the national average of 16.9%.

This data supports the national findings of above average levels of multiple support needs in Barnsley, and suggests there will be a continuation of presentations in future. As there are currently no contracted services specifically commissioned to meet this need, further research was undertaken with existing housing related support to determine the incidence of multiple needs clients currently being supported.

Figure 2 shows the level of multiple needs in Holden House, a 42 unit accommodation based scheme for single homeless people. It is assumed that all residents have an issue with homelessness, therefore the data shown in Figure 2 relates to the additional support needs of mental health, substance misuse and mental ill health.

Figure 2



This demonstrates that the majority (81%) of residents have additional support needs in excess of their immediate homelessness problem, despite the service being contracted and funded to deliver housing related support only.

This exercise was then replicated across all existing housing related support services which have been included in the review process. This confirmed that all existing contracted provision is supporting clients with needs exceeding the level and complexity for which the service was designed. This reduces the likelihood of clients successfully achieving their support outcomes while in receipt of services, and increases the risk of placement failure, evictions and repeat homelessness. There is also an increased probability of clients accessing other provision in crisis, including A&E, mental health and criminal justice.

3.4 Future demand

Research undertaken for BMBC in 2015 by Arc4 and Peter Fletcher Associates recommends that the councils remaining housing related support funding should be targeted at those groups for which alternative funding sources are limited, specifically:

- Homeless people and people with mental health problems and multiple needs who are ‘hard to reach’
- Young homeless and people in transition

The research made the following overarching recommendations:

- Build housing and support pathways for different groups including mental health and homelessness.
- Quicker and more consistent move-on from supported housing
- Develop a case management system aimed at preventing rough sleeping and reducing the length of time anyone sleeps rough.

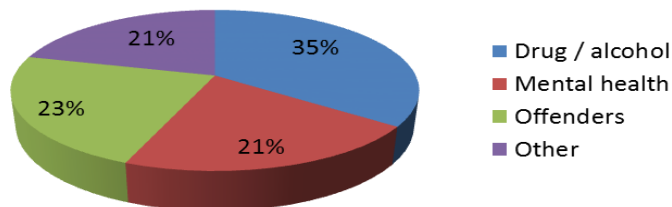
Needs analysis was conducted by primary client need group, and using differing datasets, which are not directly comparable, however, the data provided a detailed position statement for each of the following groups:

Single homelessness / Rough sleeping

The majority of clients accessing housing related support services in 2014/15, who were defined as being ‘single homeless’ were male (83.1%), while 80% of those described as being ‘rough sleepers’ were also male. (Source: Supporting People client records)

In addition to being homeless, a high level of multiple needs was recorded as a ‘secondary need’ for single homeless / rough sleeping clients’. This data is shown in Figure 6.

Figure 3



Offenders

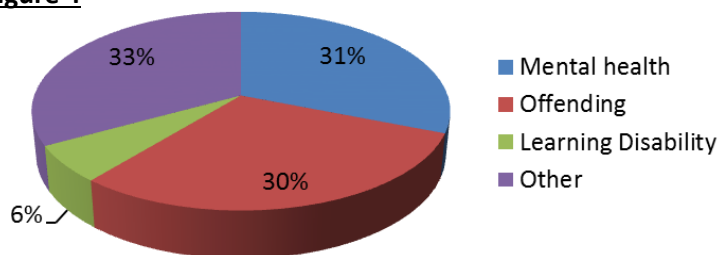
Housing Options recorded 25 applications from people leaving prison or remand 2014/15. During the same period 54 offenders were recorded by the OASys system as being of no fixed abode, however this figure will also capture those who have not served a custodial sentence.

Substance misuse

The National Drug Treatment Monitoring System (NDTMS) recorded 105 clients with accommodation problems in 2014/15, of which 23 were classed as having an ‘urgent housing problem’.

Client record data for the same period defined the additional SMD needs of clients accessing local HRS provision. This data is shown in Figure 4.

Figure 4



Mental health

Data relating to mental health in the report was gathered from health sources, and so is not directly comparable with data sets for the previous categories, however, Barnsley was found to have a slightly lower level of clients in contact with secondary mental health services living independently (57.2%) than the national average of 60.8%.

4. Benefits and outcomes

4.1 Expected benefits

The incidence of people with multiple support needs in Barnsley is above the national average, with demographic data suggesting this trend is likely to continue. The absence of dedicated provision results in clients being unable to access appropriate services, or being supported in services insufficiently resourced to meet their needs. Commissioning a specialist provision will ensure resources are focused upon those who present with the highest level of need, and who are currently most at risk of failure within existing services.

The primary objective of the new service will be to improve the life chances and opportunities to live independently for those whose lives have been blighted by the cycle of homelessness, substance misuse, offending and mental ill health. By providing tailored support to this cohort, the incidence of repeat homelessness, rough sleeping and disengagement from services will reduce, alongside reliance upon acute and emergency provision, improving outcomes for health and criminal justice partners.

4.2 Outcomes

4.2.1 Healthier Communities Outcome Framework

4.3 Summary

The key outcomes and indicators within the Healthier Communities Commissioning Outcomes Framework supports a range of national and local outcome frameworks and indicators including the Public Health Outcomes Framework, NHS Outcomes Framework, Adult Social Care Outcomes Framework; whilst also supporting the BMBC’s Future Council Strategy 2014-2017 and its priorities

The service will be required to utilise an appropriate, accredited outcomes tool in order to measure improvements and change over time for individuals accessing the service. The outcome measurement tool should be used as an integral part of an individual’s support and as a monitoring tool.

5. Identifying and evaluating options

5.1 Gap analysis

Feedback from professionals involved in the referral of clients with multiple needs, and providers of current services identify a number of key issues to be addressed, specifically:

- The current provision of housing or tenancy based support is inefficient to deal with the presenting problems of those with the highest needs. This results in placement failure, which in turn creates a cycle of repeat homelessness, repeat offending and disengagement with specialist services including treatment and health, which is costly to the public purse.
- Commissioning services for individual client need creates difficulty in placing those with multiple needs, who often fall into several traditional client group categories. Those with the highest needs are often then excluded from these services, as while they can address one need, they are not equipped with the specialist knowledge to support the client with their other presenting needs.
- There is currently no established 'support pathway' to deliver a 'step down' provision to prepare clients for timely, sustainable move on. Clients currently residing in accommodation placements who are ready to leave, are often prevented from doing so due to an insufficient supply of general need properties, or are excluded from waiting lists due to previous unresolved rent arrears, resulting in bed blocking, and reduced availability for new referrals.
- There is currently no emergency or very short term accommodation where clients can be accommodated to allow assessment of homelessness and support needs to be undertaken. This can result in inappropriate placements in bed and breakfast provision, increasing the likelihood of lost contact.
- The current open referral route used by many existing services results in multiple speculative referrals being made for the same client, which can result in placements being made based upon the first available unit, rather than the most appropriate service and is also time intensive for the referring agent. Furthermore, this can result in those with limited support needs being accepted to reduce void loss by organisations with vacant units.
- The current accommodation design at The Forge is not fit for purpose and results in those with very high needs, being mixed with clients with lower needs, but to whom the local authority has a duty to accommodate. This is counterproductive, resulting in negative peer pressure, and increased placement failure. A range of accommodation provision is required to ensure appropriate levels of support are available.

5.2 Options appraisal

The following options are presented:

Option 1 – Do nothing

Section 2.1 of this document outlines the current contractual position for the existing contracted support services. All existing contracts are subject to a waiver to contract standing orders, which will expire on 31st March 2017. The majority of these contracted services are legacy services, which have never been subjected to competitive process, at odds with relevant procurement laws. To allow these contracts to continue beyond 31st March 2017 would potentially place the council in breach of this legislation.

Option 2 – Re-commission existing housing related support services, by individual client group

This option would ensure the council abides by procurement legislation; however, Section 2 of this report identified that current services are not sufficiently resourced to address the level of presenting need, and therefore would be unlikely to address those needs identified in Section 3 of this report. The retention of existing support provision is likely to be further tested once referrals are all directed through the council's gateway, leading to further exclusion of those in most need, and a concentration of inappropriately supported clients in existing services.

Option 2 would also prevent the re-allocation of funding into services for domestic and sexual violence, negatively impacting on other interlinked service provision.

Option 3 – Commission a dedicated service for multiple needs

This option provides an opportunity to remodel existing contracted provision to deliver a service specifically focussed upon the needs described in Section 3, within the available financial resources. Remodelling the contracted specification will align service provision to the needs of client being referred via a gateway, reducing inappropriate placements, use of bed and breakfast facility and repeat homelessness.

While this option will reduce the overall capacity from the current provision, it will provide a service targeting those presenting with the greatest needs, not just those to who the authority has a duty to accommodate, and be responsive to the specific and unique needs of clients, regardless of age. This option also ensures sufficient funding can be made available to provide resources to interlinked domestic and sexual violence services.

5.3 Service principles

Based on the findings of this business case, the key requirements of a service to address multiple needs are identified as:

- a. To provide a holistic support provision to people experiencing multiple needs, specifically (but not limited to) homelessness, substance misuse, offending and poor mental health; delivering a tailored package of interventions proportionate to individual need.
- b. To deliver services both in accommodation and community based settings to create a support pathway through which clients will ‘step-down’ towards independent living. This will include an assessment facility, very supported accommodation, a dispersed housing provision and a range of innovative community based functions which will directly contribute to the reduction of repeat homelessness, relapse and crisis intervention and promote sustainable, affordable move on.
- c. To work collaboratively with operational delivery partners to provide a seamless provision, which works to reduce duplication, and promotes the use of single referral and portable support planning processes. This will include partners within homelessness, community safety, police, health and treatment to ensure a balance of support options, enforcement and clinical interventions is achieved.
- d. Works innovatively to promote prevention of the behaviours identified as being contributory to the incidence of multiple needs particularly improving outcomes relating to improving education attainments and employability.
- e. Delivery of a provision which aligns to the corporate vision, priorities and outcomes, and which directly contributes to the achievement of the specific business unit outcomes.

5.4 Preferred option

The preferred option is Option 3 – to provide a dedicated service for clients with multiple needs, aligned to the principles described in Section 5.3.

5.4.1 Proposed operating model

The specification will focus on the achievement of key outcomes for clients, rather than upon a prescriptive output based service specification, but will require the provider to deliver a range of provision to form a ‘support pathway’ delivering step down options to promote the clients journey towards independent living. The specification will be split into two lots, which will be tendered together. The first will focus on services for adults and will require a provider to deliver a range of

support and accommodation provisions including assessment units, supported and dispersed accommodation alongside a range of community based functions. The second lot will be for younger clients, again including accommodation options proportionate to their need, but recognising the unique issues affecting younger people.

The remodelled provision will be of particular interest to those providers able to work innovatively and flexibly, both in their approach to support delivery and accommodation provision. More so where a provider can offer solutions to the limited accommodation options currently available, either in the form of capital, or within arrangements with landlords or registered providers to facilitate additional facilities.

5.4.2 Procurement - Adults

Recommissioned services for adults will encompass the existing specialist provision for homelessness, offending and mental health, with an expectation that an incoming provider will have the range of specialist skills to successfully support these needs, in addition to achieving holistic client outcomes dependent on presenting need. A person centred approach to support delivery will be fundamental, with the provider taking ownership of client need, rather than providing a signposting only provision to specialist services.

Accommodation will remain an essential element of support provision and retention of Holden House has been secured to provide accommodation for those with the highest support needs. It is recognised that the current arrangement of 42 units lacks flexibility to meet presenting need. It will therefore be reconfigured to provide a mixture of assessment units, and longer stay accommodation.

The assessment facility will be used to provide immediate, very short term accommodation while further investigations of homelessness and support needs are undertaken; after which the client will be moved either to more settled accommodation within Holden House, other supported provision, or onto a more independent option, dependent upon need. The facility will also enable the council to discharge its legislative duty relating to cold weather accommodation provision.

The provision of an assessment facility will provide an intelligent solution to emergency placements, avoiding the common issues experienced by traditional 'direct access' provision where clients are placed overnight, and usually required to leave the next day, often without receiving any other interventions or support. It is acknowledged that this model is outdated, promotes repeat homelessness, entrenched rough sleeping and does not deliver successful client outcomes.

The current lack of good quality, affordable move on accommodation is counter productive, resulting in over support to clients ready to exit supported accommodation, but being unable to access general needs housing, preventing new clients from accessing support. The specification will expect a provider to have in place a range of solutions to meet this challenge.

Beyond accommodation, there will also be a requirement for the continued provision of community based intervention; however, this is intended to be of a short term nature, rather than the traditional floating support model. Support will be reactive to need, particularly to align to prison release or hospital discharge, and to prevent relapse or crisis in clients already stepping down from other provision.

Beyond this, there is an opportunity for innovation, to link into other provision including that delivered by statutory and voluntary sector partners, to identify, support and compliment other activity.

5.4.3 Procurement – Younger clients

Services for younger clients will accept those aged 16 through to 25 to avoid the ‘cliff edge’ where many complimentary services end for clients at 18 years. The structure of the specification will mirror that of the adult provision, but will have an expectation for a provider to demonstrate experience of successful service delivery to the specific issues posed by younger clients.

To alleviate existing problems relating to the size of The Forge, it is proposed that this will be reconfigured to provide an assessment unit for younger people, with a smaller number of units for longer stay placements. The Highfield Terrace provision will be retained in its entirety, including the use of the current crash pad facility, to provide an alternative short term provision to The Forge assessment units, where it is inappropriate to place there. Highfield Terrace will provide accommodation to those able to manage in a self-contained environment, and for those whose needs require them to be placed in a non-sharing environment.

To offset the reduction in units for longer term placements, the High Street scheme, currently used to house adults with low level mental health will be re-configured to provide nine additional longer term units. These will deliver 6 en-suite rooms with communal lounge and kitchen, with a further 3 small self contained flats.

As in adult services, the provider will also be expected to deliver a community presence to contribute to the achievement of client outcomes, and promote sustainable move on. These will align to existing provision to avoid duplication, and be proportionate, and appropriate to the needs of young people.

5.4.4 Referrals

To ensure the newly commissioned provision is prioritised for those with the greatest support need, the referral route into new services will be via a gateway, enabling a consistent approach to placements while offering a range of alternative housing options to those able to self-manage. To recognise the contribution and link between the new services and community safety and enforcement, there will be an ambition to integrate the referral pathway into the development of a public services hub, increasing the scope of available resources beyond those within current housing and welfare provision.

5.4.5 Welfare Reform

Welfare Reform presents new challenges to the sector, to which the new provision must be sufficiently flexible to respond. A number of proposed initiatives have capacity to impact both on client income, and the level of revenue realisable from rental streams.

Appendix 1 – Case studies

1. Multiple needs in existing services

An incident in an existing support service illustrated the wide ranging impact of a chaotic client being placed in an environment where staff are insufficiently skilled both in delivering specialist provision to clients, and in facilitating an environment in which clients feel empowered to engage with specialist services.

The client was homeless and was a regular substance misuser, typically using amphetamines intravenously. Between February and May 2015 the client seriously self harmed on multiple occasions, presenting with increasingly paranoid and erratic behaviour.

During this period the following interventions were accessed for the client:

- Police – called via 999 on three occasions.
- Ambulance / paramedic – called via 999 on six occasions
- Client admitted to hospital via accident and emergency on three occasions
- Six referrals into crisis mental health services
- Five contacts made to substance misuse services

Despite the repeated use of crisis interventions, the overall outcome for the client was poor. Instances of self harm typically followed use of substances. The client would be admitted to A&E for emergency treatment and referred to mental health services, by which time the effects of the amphetamines had passed and the episode was dismissed as being substance based only.

The client developed increasingly erratic behaviour, becoming paranoid and suffering repeat psychosis. This impacted on his attendance at other services, including substance misuse where he failed to consistently engage. The supported housing service was repeatedly left to attend to the effects of self harm and erratic behaviour causing significant stress to staff and other service users who often witnessed this activity.

2. Town Centre Activity

Incidents of low level anti-social behaviour and visible substance misuse in the town centre have received significant negative media attention. A cohort of individuals, concentrated in the Peel Square area of the town has become the focal point for complaints from the general public.

This group, many of whom are known individually to the police, council enforcement, homelessness and treatment services each have range of multiple needs. Not all are homeless, but many are at risk of losing their accommodation, while others are known to, but not engaging in substance misuse treatment services.

The Public Spaces Protection Order, introduced in the Spring of 2016 afforded additional enforcement powers to move on anyone breaching the order in a designated area. While this enables the removal of those found committing anti-social behaviour, it does not provide a more permanent solution to the clients needs.

The restructure of the councils Housing and Welfare provision will introduce the Support Navigator role, which will provide a community outreach provision to identify and build relationships with those marginalised from service provision. The remodelling of support services to be able to address the



multiple presenting needs of these clients will offer a solution to meet and address their needs, and promote engagement in other areas, including substance misuse treatment.

Working in partnership with the police and other enforcement partners, it is anticipated that a holistic solution to the most marginalised clients will be delivered.