



Executive Director/Director Non-Key Executive Decision Report

Lead Officer Report of: Ann Ellis, Strategic Commissioning Manager. Housing Support

Report Author: Emma Hickman, Housing Independence Officer

Tel: 0114 273 5657

Report to: Joe Fowler. Director of Communities Commissioning.

Date of Decision: (Insert date decision to be taken) 26.10.16 EH

Subject: Procurement of a new housing related support service for single homeless people with multiple and complex needs.

Which Cabinet Member Portfolio does this relate to? **Health and Social Care**

Which Scrutiny and Policy Development Committee does this relate to? **Healthier Communities and Adult Social Care Scrutiny Committee**

Has an Equality Impact Assessment (EIA) been undertaken? Yes No

If YES, what EIA reference number has it been given? 873

Does the report contain confidential or exempt information? Yes No

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."

Purpose of Report:

In February 2016 The Council agreed *The Housing Related Support Commissioning Strategy and Budget Plan for 2016 to 2020*.

The Strategy recognised the gaps in service for homeless people with severe and multiple needs and set out how the Council would test and develop new enhanced models of support to meet these needs. One of the services it considered as desirable to test out was based on the 'Housing First' approach, that has proven to be successful in the US and Canada and is having some success in Europe

including the UK. However the longevity of this success is still to be proven and the report recommended it be tested in Sheffield on a small scale before any long term larger commissioning of the approach is considered.

Further work has been done to understand the approach and to work with local partners to design a service to test out its success over the next three years.

This report sets out how the Council will develop a new model of housing related support provision in Sheffield, based on the 'Housing First' approach, to improve the tenancy sustainment and health and wellbeing outcomes for long term homeless single people with complex and multiple needs.

The outcomes we expect to see include:

- Reducing the number of the target population living on the streets
- Improved health and wellbeing
- Reduction of unplanned and regular use of emergency and crisis services, such as A&E and the Police.
- Valuable learning about how new approaches to supporting homeless people can be implemented in Sheffield and the benefits they deliver

Recommendations:

- To agree the procurement strategy to purchase a new support service based on the Housing First approach, for single people who are homeless with multiple and complex needs.
- Approve the contract length of up to 3 years, with the option to extend for a further 2 years.
- Approve the expenditure outlined in this report.
- Approve (a) the proposal to provide in the contract for a mechanism to allow, at the discretion of the Council, for an increase in the capacity and cost of the commissioned service during the term of the contract by up to 30%; and (b) the exercise of that mechanism where the need for the increased capacity has been identified, the model is achieving successful outcomes and a budget is available.

Background Papers:

- Sheffield Homeless Health Needs Audit 2016

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Jane Wilby
		Legal: Sarah Bennett, Andrea Simpson
		Equalities: Simon Richards
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	Lead Officer Name: Ann Ellis	Job Title: Commissioning Manager, Housing Independence
	Date: (Insert date)	

Consulted with Cate McDonald, Cabinet Lead for Health and Social Care.

Signature: *C McDonald*

Date: *26/10/16*

Procurement of a new housing related support service for Single Homeless People with multiple and complex needs.

1. PROPOSAL

1.1 Executive Summary

1.1.1 In February 2016 Cabinet agreed *The Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020*. The strategy considered the needs of homeless people with multiple and complex needs and looked at gaps in service delivery. It made a series of proposals for testing out new models of service to reduce these gaps.

1.1.2 This report sets out how we propose to implement the strategic recommendations relating to:

- Testing out a new personalised and trauma informed approach to how we can support this client group to move into and sustain accommodation suitable for their needs and improve their health and wellbeing.
- Helping people identify their health conditions and needs, access a range of services and secure improvements (including supporting recovery).

1.2 Proposal outcomes

1.2.1 The outcomes that this proposal will deliver are:

- Reducing the number of the target population living on the streets
- Improved health and wellbeing
- Reduction of unplanned and regular use of emergency and crises services such as A&E and the police
- Valuable learning about how new approaches to supporting homeless people can be implemented in Sheffield and the benefits they deliver.

1.3 Changes

1.3.1 Key changes on the ground that will deliver the outcomes are:

- Implementation of a new intensive personalised support service, based on a Housing First approach.
- Implementation of a Housing First Strategy Group to accept referrals and monitor progress and outcomes.

The group will include the new service provider, Public Health, Housing services and commissioners for health, substance misuse and housing related support, and other services.

- Evaluation of the approach.

1.3 Changes (Cont.)

1.3.2 Key things the Council will do to deliver the proposal are:

- Procure a new intensive housing related support service for single homeless people with multiple and complex needs, based on a Housing First approach.
- Work with Public Health in Sheffield and/or with any national evaluation that is commissioned to ensure that approaches and impacts of services are assessed and appropriately evaluated.

1.4 Background

Services for client group

1.4.1 The Council has contracts with a range of service providers to deliver supported accommodation across the city. This includes hostels, shared houses, blocks of flats and single flats that form part of general needs accommodation.

1.4.2 All services are commissioned to support people who are homeless *and* have needs which prevent them from accessing housing or settling successfully into a home of their own.

1.4.3 All services are contracted to support people to achieve independence and a set of goals or outcomes. The services are designed to meet the needs of a range of different customer groups and differing levels of need – e.g. young people, people with specialist needs such as mental health issues, women fleeing domestic abuse, etc.

1.4.4 Whilst our current commissioned provision of services has worked successfully for many services users, for some people faced with multiple and complex needs it has not. The possible reasons for this are complex and are described in detail in *The Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020*¹. The Plan identified service gaps for some of the most vulnerable clients.

1.4.5 We are proposing to commission a new approach for people with the most multiple and complex needs modelled on the Housing First approach. The service will be an alternative and in addition to recently agreed proposals to enhance existing provision for single homeless people.

Housing First approach

1.4.6 Housing First is designed to provide open-ended personalised support to people with multiple and complex needs with histories of entrenched and repeated homelessness. Housing First services support rough sleepers, or homeless people who are in a cycle of hostels, sofa surfing, prison or

¹ See pp.11-17, especially 5.14, 5.20 and 5.31.

hospital into their own accommodation. Intensive support and a case management approach enable wrap around support to be provided to individuals.

1.4.7 Housing First services share the following core philosophy:

- Offer housing with an element of security
- Enable choice for service users using a personalisation framework or similar client-led approach;
- Focus on long-term and recurrently homeless people with high support needs
- Use a harm reduction framework;
- Offer open-ended, not time restricted, access to intensive support with no expectation that support needs will necessarily fall steadily, or that individuals using Housing First might cease to require support;
- Separation of housing and care – access to and retention of housing is not conditional on treatment compliance

1.4.8 The Housing First approach has had some success internationally and in the UK in achieving positive outcomes for homeless people with multiple and complex needs, though the evidence is not conclusive.

Challenges

1.4.9 We are increasingly seeing services focus on people with more complex needs and highly challenging behaviour.

1.4.10 This group of people put themselves and others at significant risk – requiring a higher level of support from homelessness services and other support organisations.

1.4.11 Local trends reflect poor health needs and outcomes reflected in national data.

Estimating numbers of people facing multiple and complex needs

- 1.4.12 *The Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020* identified a cohort of around 50 single people with complex and multiple needs who are difficult to house because of needs, challenging behaviour and support they require to sustain their accommodation.
- 1.4.13 Some of the 50 people identified within this cohort can be supported effectively within newly enhanced current provision. We are seeking to target 10 people in the first instance to benefit from being supported by the new Housing First service.

Service gaps, evidence base and needs analysis

- 1.4.14 *The Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020* identified service gaps for single homeless people with multiple and complex needs who may not meet statutory eligibility thresholds for housing or adult social care but whose composite needs made them vulnerable to entrenched rough sleeping, poor health and wellbeing outcomes, risky behaviours and early death.
- 1.4.15 Many had been evicted from existing supported housing services and had found it difficult to be accepted into current provision, or move onto independence.
- 1.4.16 There are a number of homeless single people who current providers cannot support or accommodate in shared accommodation settings. Alternative options need to be explored to support and maintain this small client group. This left few supported housing options for homeless people with multiple and complex needs.
- 1.4.17 More in-depth information on needs and demand can be found in **Appendix 1**. From the Council's own monitoring information, together with research and best practice nationally, there is evidence that:

- 'Housing First' is increasingly being seen as a way of addressing the needs of people with complex needs and chaotic lifestyles. This was a common theme raised by experts in Sheffield's Call for Evidence, 2015². (*ref app1, 2.2*)
- There is a high level of mental health issues within homeless service users. The Homeless Health Needs Audit shows that men were twice as likely as the general population to have mental health issues and women were three times as likely. The group of service users are also more likely to engage in risky behaviours

² In 2015, 21 agencies and organisations responded to Sheffield's Call for Evidence. One of 3 questions asked what works best for entrenched homeless people with complex and multiple needs who fail to engage with services and live chaotic lives. A multi-agency panel received presented and written evidence from local and national providers, academics and experts in the field.

which have serious adverse impacts on their health and wellbeing. (*ref app1, 2.3*). A high percentage of these service users are likely to have suffered some form of trauma in their childhood and may well have been in care.

- There is a need for “flexibility” of support provision both in providing a personalised, bespoke service and one which recognises that phases of short-term regression may occur within overall progression at a variable pace. Flexibility also applies to housing options. This was raised in Sheffield’s Call for Evidence, 2015 and also by a group of local service providers working with this client group. (*ref app 1, 2.2, 2.10*).
- Staff: client ratios need to be appropriate for this client group and time-related interventions imposed by commissioners can mitigate against successful resettlement for people with complex needs. This came out of the Call for Evidence, service user consultation and in discussion with local service providers this year. (*ref app 1, 2.2, 2.7, 2.10*).
- Service users themselves have repeatedly stated that their relationship with their support worker along with respect and understanding from staff is an important element in their recovery or progress to independence. (*ref app 1: 2.6,;2.7*). This also came through strongly in the Call for Evidence.
- Some service users found rules in hostels a challenge and could end up becoming homeless again if they failed to keep to them. In contrast, housing provided a base, something positive to focus on. (*ref app 1: 2.2, 2.8, 2.9*).
- A more flexible, psychologically informed approach to service provision (PIE – Psychological Informed Environment) has more successful outcomes with service users with complex needs than a traditional approach. This works particularly well with service users who have a history of trauma. (*ref app 1, 2.2*).

1.5 What is required

1.5.1 Taking into account the analysis of needs and demand, evidence from service user consultation, as well as the research, expert submissions to the Call for Evidence and commitment in our HIS Commissioning Strategy 2016-2020 to trial new models of support, we are able to establish the following requirements:

- A small new service modelled on the Housing First approach to support a minimum of 10 single homeless people with multiple and complex needs most in need of this support.

- The flexibility, in the event that:
 - There is an identified need for an increase in capacity to support up to 3 additional people with complex and multiple needs that have been identified:
 - The service has demonstrated successful outcomes
 - There is an available budget to increase, at the Council's discretion, the capacity of the commissioned service during the term of the contract by up to 30%, in a way that ensures Value for Money.
 - Where service user needs decrease and the service provider has capacity, there will be an expectation on the service provider to support additional service users with no additional funding.
- The contract length to be 3 years, with the option to extend for a further 2 years. This is to align with another service that we might wish to combine at a later date, depending on the outcomes of this new service. The service to support recovery, and enhanced health and tenancy sustainment outcomes.
- The service to provide intensive, open-ended, personalised support, working within a harm reduction framework and using psychological interventions.

2. HOW DOES THIS DECISION CONTRIBUTE ?

2.1 The proposal aligns to the following ambitions within Sheffield City Council's Corporate Plan 2015-18:

- **Better Health and Well-Being** – this proposal targets a new approach for those individuals who have very poor health and wellbeing outcomes and cannot sustain accommodation, personal relationships and access mainstream health and social care services. It is a bespoke service that is flexible to meet the health and wellbeing of people with multiple and complex needs. Support provided aims to enable some of the most vulnerable citizens to improve their health and wellbeing.
- **Tackling inequalities** – this proposed service will target interventions towards people who are most excluded and for whom most other services are not working. The service is being established to address health inequalities.

2.2 The proposal aligns to the following Communities Portfolio strategic priorities:

- **Active joined up support** – a Working Group has been set up with representatives from Sheffield City Council’s Drug and Alcohol Team, Public Health, Housing Solutions Service and Housing Independence Service, the Clinical Commissioning Group, a GP, Sheffield and Health Care Trust and Fitzwilliam’s Centre drug treatment service to ensure a joint approach and ownership of the project. When the new service has been commissioned, a Housing First Strategy Group, comprising the same membership, will assess referrals for the new service, facilitate wrap around support and monitor the outcomes for individuals over time. The new service will provide personalised support and a case management approach.
- **People Keeping Well** – The new service will promote improved health and wellbeing outcomes for service users, who represent some of the most vulnerable citizens. These will be measured over the life of the service. The service will promote social integration to aid recovery. Service users will be provided with accommodation and individualised wrap around support. Service users will be supported to exercise control and make choices in their lives.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Public Health in Sheffield led a ‘Call for evidence’ in 2015 on ‘Preventing and Responding to Homelessness’ to help inform the commissioning plans of the Housing Independence Service, by gathering a wide range of ‘expert’³ views, opinions and evidence to widen the scope of expertise and insight. A number of reports submitted referred to Housing First which resulted in the Council’s Public Health Intelligence Team being asked to produce a briefing on the Housing First approach. This has informed the decision to commission such a service in Sheffield⁴. (ref. App 1, 2.2,
- 3.2 Consultation with service users at Sheffield Cathedral Archer Project in April 2016 influenced the specification for Sheffield’s Housing First service. (ref. App 1, 2.4-2.9).
- 3.3 Local commissioned and non-commissioned service providers supporting single homeless people locally were consulted in April on

³ Expert in this context could be experts by experience (users), knowledge (academic), information (advocacy) or practice (providers).

⁴ Key areas and copies of the reports submitted can be found at: <https://www.sheffield.gov.uk/caresupport/health/community-wellbeing-programme/homelessness.html>

how we might implement and integrate a Housing First service in Sheffield. Their views influenced the shape of the Housing First service proposed. (ref. App 1, 2.10).

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 An Equality Impact Assessment has identified positive but low impacts for customers from this proposal. This is due to the low number of individuals to be supported.

4.2 Financial and Commercial Implications

4.2.1 Funding is available within the four year approved budget for this service to 2020. Continued funding for this service up to 2022 will be dependent on an approved budget. Funding outlined in this section under 4.2.4 shows the total maximum budget commitment over the five year period and is subject to the model achieving successful outcomes and available resources.

4.2.2 In line with *The Housing Related Support Commissioning Strategy and Budget Plan for 2016 to 2020* agreed by Cabinet in February 2016, resources have been redistributed within the supported housing programme by savings on other procurements and contracts in line with the Council's priority to invest in those that most need help and support.

4.2.3 The Council commissions housing related support services within the resources available to meet strategic needs and individual decisions are made through the delegated route agreed by Cabinet in February 2016. *The Housing Related Support Commissioning Strategy and Budget Plan for 2016 to 2020* sets out a financial plan for five years to meet the commissioning requirements outlined in the new high level commissioning strategy. It details the changes to investment required to meet the new challenges outlined in the commissioning plan.

4.2.4 Budget savings have been made in line with the financial plan to services for some client groups. These include additional savings made with the intention of reinvesting into more strategically suitable services.

4.2.5 The proposed budget for this service is up to £130,000 p.a. The actual cost will be tested on the market. We are seeking flexibility, in the event that:

- There is an identified need for an increase in capacity to support up to 3 additional people with complex and multiple needs that have been identified:
- The service has demonstrated successful outcomes

- There is an available budget to increase at the Council's discretion, the capacity of the commissioned service during the term of the contract by up to 30% in a way that ensures Value for Money. Where service user needs decrease and the service provider has capacity, there will be an expectation on the service provider to support additional service users with no additional funding. The funding for the project will come from existing portfolio budgets as discussed in 4.2.2.

4.2.6 The maximum budget commitment over the 5 year contract period being proposed in this decision, subject to the model achieving positive outcomes and available resources:

Contract year	Months	Maximum allocated budget	Assumptions	Minimum allocated budget
1	12	£130,000	Increase in capacity implemented after year 1 for rest of contract.	£130,000
2	12	£160,000		£130,000
3	12	£160,000		£130,000
4	12	£160,000	Option to extend for a further 2 years implemented	
5	12	£160,000		
Total		£770,000		£390,000

4.3 Legal Implications

4.3.1 The services provided under this contract help to meet the Council's duty under Part 1 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources which contribute towards the prevention or delay of needs for care and support, and meet the general duty in carrying out functions under this Part of the Act to promote the well-being of individuals. They may also contribute to meeting the Council's accommodation duties under the homelessness provisions in Part 7 of the Housing Act 1996.

4.3.2 The government has indicated that it may support the principles of the Homelessness Reduction Bill, a Private Member's Bill currently before Parliament. If the Bill becomes law during the duration of the contract then the services will help to meet any new duties imposed on the Council. In any event, to the extent that the proposals are not covered by these pieces of legislation, power to procure the service is also provided

through the General Power of Competence in Part 1 of the Localism Act 2011 subject to any specific statutory restrictions, none of which apply in this case.

- 4.3.3 On 17th February 2016 Cabinet approved the recommendations in a report entitled "*Delegated Decisions for Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020*". This Report seeks a decision from the Director of Commissioning in accordance with the delegations approved by Cabinet on 17th February.
- 4.3.4 Officers are mindful of the importance of putting into place appropriate arrangements to secure the desired outcomes, ensure compliance with legal requirements and protect the Council's position
- 4.3.6 The Council's Contracts Standing Orders, including the European Union Procurement Rules, will be adhered to throughout the procurement. The tender process will be competitive and follow the principles of transparency and non-discrimination, and facilitate the achievement of value for money. The service provider will be required to enter into a formal written contract with the Council which will provide for effective service delivery at levels which accord with the Council's requirements as outlined in this report.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 We considered not procuring an intensive case management support service based on the Housing First approach. This would not have addressed the service gaps and insufficient provision for single homeless people with multiple and complex needs identified in *The Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020*.
- 5.2 We considered a range of alternatives for enhancing services, (described below) however these alone did not meet the needs of a particular small group of people. As a result, it was felt that these options complemented the Housing First option but could not replace it.
- 5.3 We have recently gained approval to enhance existing supported housing provision for some single homeless people with complex needs for the following services:
- Enhanced temporary hostel provision for single homeless men.
 - New temporary accommodation based service for women with multiple and complex needs.
 - Enhanced temporary supported accommodation service for people with multiple and complex needs.

- 5.4 In addition, all enhanced provision will provide a psychologically informed approach to support. We have gained approval to appoint a psychologist to provide clinical support to these services to ensure that trauma informed practice is effective and embedded.
- 5.5 Although this enhanced provision will benefit single homeless people with multiple and complex needs, it will not meet the needs of everyone within this client group. There will be some people who cannot live in the existing provision because they present with challenging behaviour, are unable to live in communal areas or adhere to rules within supported accommodation. Nor will they be able to move on from support provision as intended.

6. REASONS FOR RECOMMENDATIONS

- 6.1 We are seeking approval to commission a new Housing First service as the preferred option. *The Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020* identified the following:
- A lack of provision for single people with multiple and complex needs and chaotic lifestyles, particularly on a longer term basis for those older adults with entrenched lifestyles.
 - New approaches being tested in some parts of the country based on a 'Housing First' model that had been successful in America.
 - Although not fully validated in the UK, Housing First is not considered a 'quick fix', but may work for some individuals for whom other options have failed.
 - Our preference to pilot new ways of working (which might include a Housing First Approach) to provide a local evidence base before committing to any longer term commissioning⁵
- 6.2 The service will deliver the following key outcomes:
- Reducing the number of the target population living on the streets
 - Improved health and wellbeing
 - Reduction of unplanned and regular use of emergency and crisis services, such as A&E and the Police.
 - Valuable learning about how new approaches to supporting homeless people can be implemented in Sheffield and the

⁵ The Housing Related Support Commissioning Strategy and Budget Plan 2016 to 2020, s.5.31.

benefits they deliver.

Consulted with Cate McDonald, Cabinet Lead for Health and Social Care.

Signature:

Date:

Appendix 1

Demand and Needs Assessment

Changes in needs

- 1.1 The introduction of the Housing Support Pathway (HSP) at the end of 2014 has provided us with more information about the people who are using our services and enables us to have a better understanding of their needs and outcomes.
- 1.2 A number of trends have emerged within supported housing services over the past few years. These show that the level of need for people with support needs has been increasing at the same time public expenditure on housing related support services has decreased.
- 1.3 There has been an increase over the years in the breadth of needs identified. Both substance misuse and mental health issues were recorded as significant areas of need⁶. From monitoring data of 3,871 services users supported by HIS commissioned services in 2014/15: 49% had support needs around mental health; 59% had physical health support needs; 29% substance misuse support needs and 21% had needs around dual diagnosis.
- 1.4 Local outcomes data reflects national data. Homeless people are much more likely to have physical and mental health problems and a significantly lower life expectancy. Almost a third of people using single homeless services in England have drug-related problems (30%), nearly a quarter (23%) have alcohol-related problems and 32% have mental health needs (Support for Single Homeless People in England – Annual Review 2015).

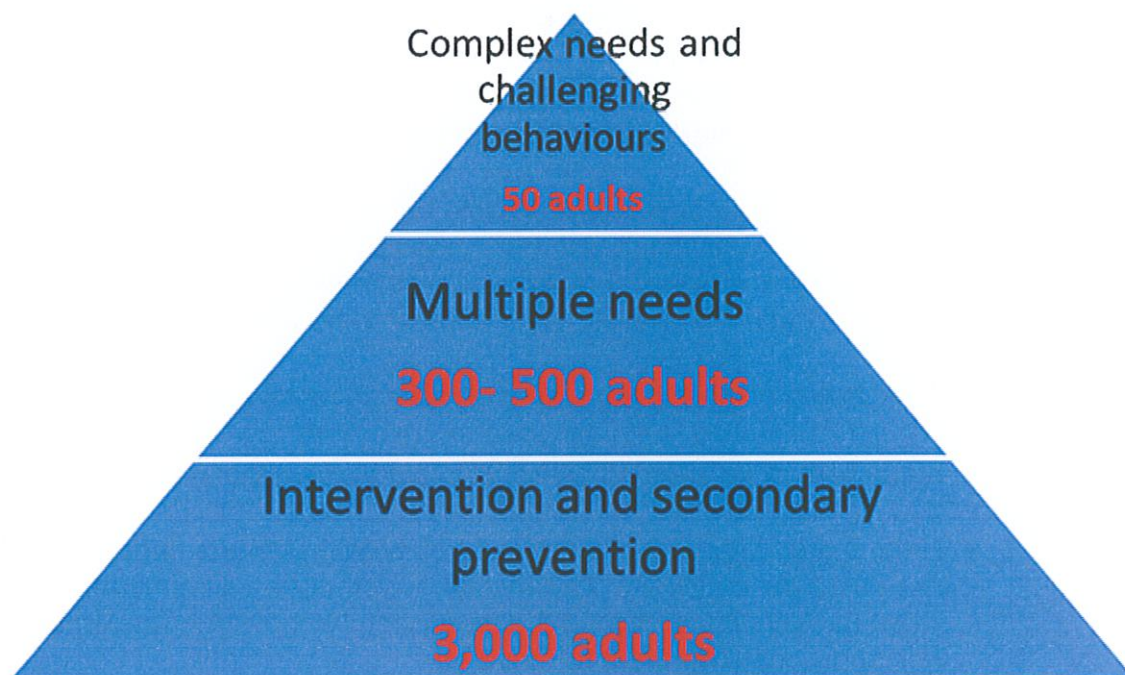
Estimating numbers of people facing multiple and complex needs

- 1.5 The Housing Independence Commissioning Strategy 2016-2020 'Supporting Independence' (HIS Commissioning Strategy) identified a cohort of around 50 single people with complex and multiple needs who are difficult to house because of their complex and multiple needs, challenging behaviours and support they require to sustain their accommodation.

⁶ For more detailed information see Housing Independence Commissioning Strategy 2016-2020 'Supporting Independence' pp.12-13,

- 1.6 The HIS Commissioning Strategy identified service gaps for people with multiple and complex needs who may not meet statutory eligibility thresholds for housing or adult social care but whose composite needs make them vulnerable to entrenched rough sleeping, poor health and wellbeing outcomes, risky behaviours and early death. Many have been evicted from existing supported housing services and may find it difficult to be accepted into current provision, or move onto independence.
- 1.7 The diagram below represents the Housing Independence Service estimate of numbers.

Housing Independence Service Estimate of Numbers



- 1.8 The Homeless Health Needs Audit estimated from the sample of return there could be 300 people with 3 or more needs (homelessness, substance misuse and offending) of which 200 were diagnosed with a mental health illness.
- 1.9 A national study to map severe and multiple disadvantage⁷ suggests indicative prevalence rates of people in Sheffield in contact with homelessness services, the criminal justice system and substance misuse services amount to 616, of which 380-440 would have a mental health problem.

⁷ Lankelly Chase Foundation, 'Hard Edges, Mapping Severe and Multiple Disadvantage – England', G Bramley nad S Patrick, 2015.

2. Evidence and research

2.1 We have been able to use information from a range of evidence based sources to form the recommendations in this report. These include the following:

Sheffield Call for Evidence 2015: Preventing and Responding to Homelessness

2.2 This was led by Public Health for the Communities Commissioning Service to help inform the commissioning plans of the Housing Independence Service by gathering a wide range of 'expert' views, opinions and evidence.

The following themes emerged as important in supporting people with complex and multiple needs:

- The need for better partnership working, and working differently.
- "Flexibility" of support provision both in providing a personalised, bespoke service which was non-linear and recognises that phases of short-term regression may occur within overall progression at variable pace. "Flexibility" also applied to housing provided.
- "Link workers" identified as an important success factor.
- Staff/client ratios need to be appropriate to the client group.
- Time-related interventions imposed by commissioners impacted upon resettlement work. Organisations without these constraints noted the benefits of having the freedom to work with clients until it was appropriate for them to move on.
- The importance of "person-centred care".
- 'Housing First', as a way of addressing the needs of people with complex needs and chaotic lifestyles was referred to by a number of experts. It came with a 'health warning' about it not being a 'quick-fix' and also not suitable for everyone.
- Many services mentioned the importance of having structured 'psychological' interventions and 'mental health' interventions to support clients. Different examples were provided of what form these interventions might take⁸.

⁸ "Many of the 'experts' referred to the importance of having structured 'psychological' interventions and 'mental health' interventions being in place to support clients. These varied from 'bespoke' group work therapies for survivors of domestic abuse, Psychologically Informed Environments (PIE) (probably more focussed towards hostel accommodation), the importance of Counselling as part of the general offer and more intensive approaches (sometimes called

Homeless Health Needs Audit 2015⁹

2.3 Public Health has recently undertaken a Health Needs Audit of Homeless People in Sheffield which produced outcomes very similar to the national picture for this client group. Common themes included:

- Frequent use of acute health services by homeless people, the cost implications of this on the NHS and the challenge to minimise secondary care interventions for this client group.
- High proportion of people with diagnosed mental health problems, for men it is double that of the general population and higher than the national audit of homeless people. The prevalence is higher for women than men.
- Multiple use of services and a need to look at how services are delivered to ensure compounding needs are addressed and delivered in a complementary and efficient way.
- Risky health behaviours and the need for health interventions to be further extended or tailored to meet the needs of individuals.
- Multi-disadvantage faced by this client group.
- The relationship between debt and ill health, including mental ill-health.
- Women in this group tend to have poorer health than the men.

Service User Views 2016

2.4 Single homeless people at Sheffield Cathedral Archer Project were consulted in April 2016 on what support assists them to greater independence and towards recovery and what might hinder this.

2.5 Need practical support to access furniture and benefits as well as good management of their income.

therapeutic communities) to help clients address the consequences of trauma and abuse.” Sheffield Call to Evidence (2015), p.15. See note 3. For link to reports.

⁹ The Homeless Health Needs Audit was undertaken in August-September 2015, using a questionnaire designed by Homeless Link. Results submitted provided a comparison of local needs as compared to the national picture.

- 2.6 Need friendly, encouraging staff who make you feel good about yourself and who make a real effort; who understand what you need; who understand where you are coming from; and who provide stepping stones [to independence] and guide you.
- 2.7 Need a responsive service, getting support straight away when they need it, time and again, effective support and staff to keep appointments.
- 2.8 Some people are unable to cope with hostel rules.
- 2.9 Housing provided a base, something positive and a focus.

Provider Views 2016¹⁰

- 2.10 Key themes to come out of the consultation with providers:
- Provision of housing is key. Many felt there should be flexibility around housing provision, to provide choice. Some felt that a reliance on private sector landlords in Sheffield could affect the success of the approach (see 2.11 for mitigation actions).
 - Support should be person-centred, open-ended and deliver generous hours of support. Service users should be offered real choice.
 - Outcomes for this client group should be realistic. There will be periods of short-term regression in service users' recovery and progression to independence. This should be recognised.
 - The role of the key-worker and multi-agency working are key to the success of the service, in particular the involvement of mental health services.
 - Social integration is important in sustaining service user outcomes.
- 2.11 We have considered the providers' concern around the proposed use of private sector housing:
- 4 out of 9 UK Housing First services evaluated by the Centre for Housing Policy relied on accommodation in the private rented sector, although they also used Council or Housing Association properties.¹¹

¹⁰ In April 2016, we met with a group of local providers that work with single homeless people with complex needs to consult with them on how best to implement and integrate a new intensive service modelled on a 'Housing First' approach in Sheffield.

¹¹ Bretherton, J. and Pleace, N. (2015), *Housing First in England*, Centre for Housing Policy, University of York, p.20.

- Haringey recently commissioned a Housing First service to source properties for clients from the private rented sector alone.
- The presence of intensive support may well encourage some private rented sector landlords to participate in the service.
- The budget envelope for this service allows for the costs of sourcing accommodation in the private rented sector.
- The service specification states that the provider may source accommodation from Registered Providers, in addition to the private sector landlords in exceptional cases.
- In response to the concerns raised, we have approached the Housing Leadership Team and the Registered Provider Forum to raise awareness of this new service. We intend to contact them in the future to explore the possibility of a small number of properties from their sectors being made available for the Housing First service.
- We have highlighted this as a risk in the Business Case. As mitigation, we intend to test a bidder's ability to source accommodation from landlords.

