



SHEFFIELD CITY COUNCIL

Executive Report

Report of: Executive Director of Communities

Report to: Cabinet

Date: December 2015

Subject: Delegated Decisions for Housing Related Support
Commissioning strategy and Budget Plan 2016 to
2020.

Author of Report: Ann Ellis

Key Decision: Yes

Reason Key Decision: Value

Summary:

In 2009 Cabinet approved a 5 year commissioning plan for Housing Related Support Services and gave delegated authority to officers in consultation with the Cabinet member for individual decisions within this overall programme. This was reaffirmed by Cabinet in the 2012 Housing Support Strategy. However, this delegation applied to a five year plan which, although now out of the five year timeframe is not yet complete.

We have now developed a high level medium term commissioning strategy for 2016 to 2020 that takes account of changes in need and resources. This report seeks approval for that new high level commissioning strategy and budget plan (which is attached at appendix A) and seeks authority to delegate the individual decision making process for the commissioning to ensure that appropriate authorities are in place to approve commissioning activities in line with the medium term commissioning strategy.

REASONS FOR RECOMMENDATIONS:

1. The previous delegated decision process set out in the 2009 to 2014 report is now out of date and therefore needs revising.
 2. A number of changes to the Director Responsibilities, National and Local funding arrangements and Council Policy on what it will fund in relation to Housing Related Support Services means that a formal refresh of the delegated decision making arrangements is required.
 3. A new high level commissioning strategy has been developed, which specifies a number of individual commissioning activities and individual procurements that will need to take place.
 4. The overall plan needs to be approved and individual procurement decisions need to be delegated to reflect the number and speed of decisions that need to take place.
 5. The delegation for decision making will need to reflect the range of individual decisions that need to be undertaken. For example, some of the commissioned support services require the use of Council housing stock, therefore these decisions need to be made alongside the Director of Housing and Neighbourhoods for the use of the housing stock.
 6. Supported Housing has a complex interrelationship with housing benefit depending on who the landlord is and what conditions for residence and eligibility are fulfilled. At times this may result in subsidy loss from central government where the landlord is not a Registered Provider. (This usually affects tenants of Charities who run supported housing). Where subsidy loss is a risk the Housing Independence Service will take all steps to mitigate this risk, whilst ensuring that the best provider for people is commissioned. Where there are any implications decisions will be made in consultation with the Director of Finance.
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RECOMMENDATIONS

10.0 RECOMMENDATIONS

1. That the Content of this report is noted and approval is given to the high level commissioning strategy.
2. That the Director of Commissioning be authorised to terminate contracts relevant to the delivery of the Housing Related Support Strategy and in accordance with the terms and conditions of the contracts.
3. That in accordance with the high level commissioning strategy and this report, authority be delegated to the Director of Commissioning to:
 - a. in consultation with the Cabinet Member for Health, Care and Independent Living and the Director of Commercial Services approve the procurement strategy for any service delivery during the period of the strategy;
 - b. in consultation with the Director of Commercial Services and the Director of Legal and Governance award, vary or extend contracts for the provision

- of housing related support;
- c. in consultation with Cabinet Member for Health, Care and Independent Living, the Director of Legal and Governance and the Director of Commercial Services make awards of grants.
4. That the Director of Commissioning in consultation with the Cabinet Member for Health, Care and Independent Living, the Director of Legal and Governance and the Director of Commercial Services is authorised to take such other steps as he deems appropriate to achieve the outcomes in this report.
 5. The Director of Commissioning shall only procure and award contracts for the provision of supported accommodation where the use of Council Housing accommodation is integral to the support in consultation with the Director of Housing and Neighbourhoods and where the appropriate approval for that use of the accommodation is in place.
 6. The Director of Commissioning shall only procure and award contracts for the provision of supported accommodation, where there will be implications for housing benefit subsidy loss, in consultation with the Director of Finance.

Background Papers:

Appendix A- Housing Related Support Commissioning Strategy 2016 -2020

Appendix B-Contracts List

Category of Report: Open

If CLOSED add '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).'

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by: Karen Hesketh
Legal Implications
YES Cleared by: David Hollis
Equality of Opportunity Implications
YES Cleared by: Simon Richards
Tackling Health Inequalities Implications
YES
Human Rights Implications
NO
Environmental and Sustainability implications
No
Economic Impact
NO
Community Safety Implications
NO
Human Resources Implications
NO
Property Implications
NO
Area(s) Affected
Citywide
Relevant Cabinet Portfolio Lead
Councillor Mary Lea
Relevant Scrutiny Committee
Health, Care and Independent Living
Is the item a matter which is reserved for approval by the City Council?
NO
Press Release
NO

REPORT TO: CABINET

1.0 SUMMARY

- 1.1 In 2009 Cabinet approved a 5 year commissioning plan for Housing Related Support Services and gave delegated authority to officers in consultation with the Cabinet member for individual decisions within this overall programme. This was reaffirmed by Cabinet in the 2012 Housing Support Strategy. However, this delegation applied to a five year plan which, although now out of the five year timeframe is not yet complete.
- 1.2 We have now developed a high level medium term commissioning strategy for 2016 to 2020 that takes account of changes in need and resources. This report seeks approval for that new high level commissioning strategy and budget plan for housing related support (which is attached at appendix A) and seeks authority to delegate the individual decision making process for the commissioning to ensure that appropriate authorities are in place to approve commissioning activities in line with the medium term commissioning plan.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

- 2.1 Housing Related Support Commissioning will enable the provision of a range of housing related support services to people who are at risk of losing their accommodation, require support to settle into accommodation across all housing sectors, require support to increase resilience to live independently, require support to enable recovery and prevent homelessness and unnecessary admissions to hospital, care services or other high cost statutory services. Services will reduce social isolation, reduce antisocial behaviour and will contribute towards community stability.

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 The proposal enables the delivery of housing related support services for vulnerable and excluded people who need support to live independently. This will support the ambitions of the Council's *Corporate Plan 2015-18* (in particular Better Health and Wellbeing and Tackling inequalities). It also supports the priorities of the Communities portfolio– '*People Keeping Well and Strong*' and '*Resilient Communities*' by working with a wide range of people who are homeless or at risk of losing their home or their ability to live independently. These services seek to ensure that adults, young people and families, who may otherwise become accustomed to an unstable and chaotic lifestyle and be a continuing demand on a range of public services, are enabled to develop their life skills:
- to improve their health and wellbeing
 - to enable successful recovery
 - to build resilience
 - to become responsible citizens
 - to become successful tenants
 - to become successful parents
 - to disengage from antisocial behaviour
 - to access appropriate education, employment and training

4.0 MAIN BODY OF THE REPORT

4.1 Background

- 4.1.1 The Council has a number of contracts with different local and national service providers, generally charities or housing associations, to deliver a range of housing related support services including supported accommodation services in Sheffield. These services are aimed at people who lack independent living skills and the resilience to cope with negative events in life. These services prevent people falling into crisis and reduce demand for more expensive social care and health services and for statutory homeless services. The contracts for these services are managed by the Housing Independence Service (HIS) which is part of the Communities Commissioning Service.
- 4.1.2 The services commissioned to date have been guided by a five year commissioning plan which was produced in 2009 and supplemented by a four year commissioning strategy agreed in 2012. This 2009 plan is now out of date and in need of refreshing in the light of significant reductions in the commissioning budget, the impact and anticipated impact of changes in government policy and developments in Council priorities.
- 4.1.3 In 2003 The Government integrated a range of funding streams to develop a programme of diverse good quality housing related support services commissioned through the Supporting People Grant. This was a ring fenced grant which required Administrating Authorities to undertake a review of all services in the local area, to undertake a strategic needs assessment for services in the local area, to develop a local supported housing strategy and to set out commissioning intentions in a supported housing commissioning plan. The majority of services and providers that were inherited at the time had never been commissioned. Whilst some were key services developed to meet need and fill in service gaps, some were not, some were of poor standard and did not meet quality standards or provide value for money. All contracts were on a national interim rolling contract provided by government office and what followed was a large programme of reviews, closure of ineffective services and substantial work with remaining services to bring them up to the new common quality standards.
- 4.1.4 Following the comprehensive review of all local services a programme of improvements and re-reviews was put into place to ensure that all services to be given a local contract met the required Quality Framework.
- 4.1.5 A range of sector strategic reviews followed and recommendations were made to make some strategic changes and to fill gaps in client group sectors which would be the basis of a five year strategic commissioning plan.
- 4.1.6 In 2009 Cabinet approved this five year commissioning Plan which set out the Council's commissioning intentions and enabled services that had passed a quality benchmark to be given a new local contract to replace the government interim contracts. Cabinet gave delegated authority for decision making to officers in consultation with Cabinet Lead to implement that commissioning plan.
- 4.1.7 At that time the responsibility for the Housing Related Support programme (Supporting People) was within Housing Services. However, subsequent restructuring within the Council Portfolios has meant that this commissioning function

has since become the responsibility of the Commissioning Service within Communities Portfolio and the responsibility for this function has transferred to the Director of Commissioning. The Cabinet Member to be consulted is the Cabinet Member for Health, Care and Independent Living.

- 4.1.8 The Sheffield Supported Housing Strategy 2012 to 2016, approved by Cabinet in February 2012, reaffirmed the strategic commissioning plan.
- 4.1.9 In 2012, to assist the speed of this programme a four year 'procurement plan' was agreed by the Director of Commercial Services which provided a three to four year procurement plan which enabled services within this plan to be extended by waiver of standing orders to allow for the remodelling and replacement of services within the overall suite of services to be re-commissioned.
- 4.1.10 A new form of contract was developed to replace the national interim rolling contract. The new Council Contract is time limited and has provision for 6 months notice to be served within the contract period in the event of further cuts to Council funding.
- 4.1.11 The Leader's Scheme of Delegation of Executive Functions (2014) makes provision at para 2.4 that "Any current delegation of an executive function granted prior to the making of this Scheme by Cabinet, a Committee of Cabinet, an Area Committee or an individual Cabinet member (other than the Leader) shall remain in full force and effect until it is formally and specifically revoked by Cabinet, an individual Cabinet member, a Committee of Cabinet or an Area Committee as the case may be, in each case acting within the scope of their authority under this Scheme, or by the Leader."
- 4.1.12 The current delegation has not been formally and specifically revoked, however new delegations are required due to the expiry of the commissioning plan period.

4.2. **Need for change**

- 4.2.1 The 2009 and 2012 decisions and the four year procurement plan provided the tools to enable a large programme of re-commissioning, remodelling and retendering to take place.
- 4.2.2 Although the 2009 Commissioning Plan was an ambitious plan to re-commission all services, it was envisaged at the time that this could be achieved within five years, and the 2012 'procurement plan' was seen as a vehicle to help achieve this.
- 4.2.3 However, a number of other changes have taken place since the 2009 plan and the 2012 Strategy and 'procurement plan' which have resulted in delays to the overall plan and a requirement to review the delegations that were made and reissue new delegations to enable the re-commissioning to continue.
- 4.2.4 It was not envisaged at the time, that the changes to local government finance would be so severe that priorities would need to be reassessed and services more radically remodelled. In 2010 The Government removed the ring fence from the Supporting People Grant and amalgamated the funding into the Council's formula grant. With no grant conditions governing the funding available for housing related support, the programme was at greater risk of any subsequent reductions in local authority funding.

- 4.2.5 Government reduction to local authority funding was so drastic that it has had a substantial impact on the funds available for the commissioning of housing related support. As a result services have had to be considered for remodelling in a much more radical way. This has taken longer than envisaged as commissioning work was paused on a number of occasions to enable negotiations to take place with providers within their current contracts to make savings that could not wait for the re-commissioning. Further officer time has also been required to support some VCF providers to prepare organisationally for the changes.
- 4.2.6 In addition some services needed to be moved back in the procurement plan to allow for the development of a Supported Accommodation Pathway and new ICT system to be developed and implemented before a view could be taken about the requirements for homeless accommodation. During this process The Governments' Welfare Reform changes have been incrementally implemented with delays in certain areas of national decision making, resulting in a dynamic environment in which commissioners are having to work.
- 4.2.7 In 2014 The Cabinet Member for Health, Care and Independent Living approved a new charging and subsidy policy for the provision of housing related support which removed funding from subsidising long term low level services to focus the available resources on short term preventative and recovery services to those with higher levels of need.
- 4.2.8 Despite some of these issues a large number of services have been remodelled and retendered within the programme. However, there are still some areas of service that still need to be re-commissioned. As a result of the level of funding reductions remodelling has had to meet customer need most effectively by reducing funding going into organisation overheads rather than front line service delivery. This requires smaller contracts to be consolidated into fewer larger contracts, which improves value for money but also increases the individual contract values.
- 4.2.9 As there are a number of individual contracts coming to an end within the next six months decisions are required urgently to re-procure new services before some current contracts come to an end. Other contracts will need to be extended to enable some further work to be undertaken.
- 4.2.10 All of this work has been taken into account and has influenced the new Commissioning Strategy.

4.3 **New High Level Commissioning Strategy**

- 4.3.1 To continue to undertake this transformation of services within the changing environment a new high level commissioning strategy has been developed for approval. This is attached as appendix A. This includes information on local population data for older people and people with disabilities and mental health problems. It also takes into account outcomes of pilot work undertaken with hospital discharge and support for older and vulnerable adults at risk. It follows a 'Call for Evidence' exercise carried out by the Housing Independence Team and Public Health Commissioners which looked at particular issues facing young homeless people and homeless people with multiple deprivations and chaotic behaviours. The strategy explains the increase in needs of the service users and the requirement to increase and strengthen some service models to respond to the already increasing pressures

on commissioned services. It also covers the anticipated increase in demand as a result of the Welfare Reform changes and the impact of wider service changes which have uncovered more unmet need. It sets out the direction of travel for the next four to five years and the broad commissioning intentions.

- 4.3.2 The Strategy has taken account of past and ongoing consultation around service user and stakeholder needs.
- 4.3.3 The new Commissioning Strategy sets out our broad development priorities for the next four years. This is against a landscape of change on a number of fronts including changes in government led policies whose impact on this area is yet unknown. The Strategy seeks to minimise the impact of these changes on service users while ensuring there is sufficient flexibility within the component parts of the commissioning strategy to enable services to respond to the changing environment.
- 4.3.4 Below this strategy is a continuing programme of re-procurement that began in 2010 and seeks to rationalise and modernise the historic legacy of service provision in line with today's priorities and demands including the new Care Act duties.
- 4.3.5 The request for delegations is to facilitate the decisions to deliver the individual components under the high level commissioning strategy. A lot of procurement activity is required to continue with the remodelling of the whole programme some of which needs to go out to tender immediately to have new services in place, and to retender services that are now coming round for re-procurement. The Commissioning Strategy sets out a needs and gap analyses and an overall picture of services required to meet approximately 3,800 packages of support a year. The plan outlines the key priorities for these activities within a costed medium term budget.

5.0 FINANCIAL IMPLICATIONS

- 5.1 The Service will continue to commission services within the resources available to meet strategic needs and individual decisions will be made through the delegated route agreed within this report.
- 5.2 It is important to note that the current financial environment in which these services are operating remains a challenge. This is compounded by the governments recent plans to reduce social housing rents which will impact on a supported housing providers overall ability to provide a service within their total budget. In addition, this plan does not include any uplift for inflation over the next five years and if this results in pressures not accounted for in the current financial plan proposed investments will have to be reviewed to adapt in any change in the availability of funding.
- 5.3 The total financial resource currently allocated to this commissioning activity for 2015/16 is £11,230,407 including staff budget and joint commissioning contributions to Adult Social Care and DACT. (In 2009 this investment was approximately £25,000,000 not including staff budget. Following devolvement of the learning disabilities funding the commissioning budget was £19.6m)
- 5.4 The current individual contract values vary from £46,000 per year to £705,000 per year. Over the life of a 5 year contract this would mean a contract range of £230,000 to £3,525,000.

5.5 The consolidation of smaller contracts into fewer larger ones means that the overall individual contract values have and will continue to increase as the overall investment has reduced. For example the largest planned combined contract is likely to be approximately £1.4m a year and worth £7m over 5 years.

5.6 The table below sets out the financial plan for the next five years to meet the commissioning requirements outlined in the new high level commissioning strategy and shows the changes to investment currently required to meet the new challenges outlined in the commissioning plan. For example, budget savings will be made from current generic and offender services. However, where 'over savings' have been made this has been done with the intention of reinvesting into more strategically suitable services. This will allow us to pilot a number of changes to reflect new service models to meet some of our greatest challenges from service users with multiple and complex needs, as well as new models for young people before making longer term commissioning recommendations.

Housing Independence	2015/16	2016/17	2017/18	2018/19	2019/20
PH Budget Investment	-2,375,000	-2,225,000	-2,225,000	-2,225,000	-2,225,000
staff base budget	-411,907	-411,907	-411,907	-411,907	-411,907
GF Investment	-8,443,500	-8,243,500	-8,243,500	-8,243,500	-8,243,500
Budgeted expenditure	11,230,407	10,880,407	10,880,407	10,880,407	10,880,407
Contract rolled forward inc. pilots / new investment	10,111,207	10,367,292	10,367,292	10,367,292	10,367,292
<i>Changes included in contract spend above</i>					
<i>Pilot 1 complex needs inv.</i>	<i>150,000</i>	<i>256,109</i>	<i>123,506</i>		
<i>Pilot 2 YP inv.</i>	<i>50,000</i>	<i>44,109</i>			
<i>Proposed supported accom for women</i>		<i>200,000</i>			
<i>Disinvest offenders</i>		<i>-88,218</i>	<i>-123,506</i>		
<i>Disinvest generic</i>		<i>-189,192</i>			
<i>Net change of MH re-commissioning</i>		<i>11,344</i>			
<i>Re-commissioning of OP/PDSI floating Support</i>		<i>-39,140</i>			
<i>Disinvest long term PDSI</i>		<i>-3,928</i>			
<i>Investment in ICT management</i>		<i>35,000</i>			
<i>Transfer to ASC (Extra Care)</i>		<i>30,000</i>			
Staff Spend	435,907	442,907	442,907	442,907	442,907
Procurement costs - not budgeted for	70,000	70,000	70,000	70,000	70,000
one off savings	-42,848				
Overspend/underspend	-656,141	-208	-208	-208	-208

6. LEGAL IMPLICATIONS

- 6.1 The Council has a duty under section 2 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will— .
- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;
 - (b) contribute towards preventing or delaying the development by carers in its area of needs for support;
 - (c) reduce the needs for care and support of adults in its area;
 - (d) reduce the needs for support of carers in its area.

The act specifies how that duty must be delivered both generally and in relation to individuals. Those obligations will need to be considered when commissioning under the plan.

- 6.2 The services will need to be tendered in accordance with the Public Contract Regulations 2015 which for those with a contract value over £625,000 over the life of the contract that will require procedure advertised under OJEU.
- 6.3 The Council has certain statutory duties to secure accommodation for some homeless people under part VII of the *Housing Act 1996* as amended by the *Homeless Act 2002*. This legislation requires councils to undertake enquiries where households apply for assistance.
- 6.4 Whilst there is no duty to provide ‘supported’ temporary accommodation, the accommodation must be suitable. Supported accommodation has a role to play in the range of options to meet needs.

7.0 HUMAN RESOURCE IMPLICATIONS

A small number of services commissioned within this programme are provided by Council staff. Where Council staff are affected Sheffield City Council will work within its policy and procedures relating to any employee reductions and provide all necessary support to staff. Any individual decisions to be made that affect Council staff will be made in consultation with Human Resources and the Trade Unions.

8.0 EQUALITY IMPLICATIONS

- 8.1 An Equality Impact Assessment (EIA) has been carried out for the commissioning strategy. On the whole, this strategy will have positive impacts for protected groups, in particular women, older and disabled people and young adults. The commissioning plan does not recommend ending support to any client group but it does recommend commissioning services in different ways. Each individual action within the report will have its own individual commissioning plan and EIA and will be informed by appropriate customer groups. Where ‘savings’ are identified these are ongoing savings where an EIA has already been carried out and existing EIA action plans will be reviewed.

- 8.2 Some services that will be remodelled may be seen as 'specialist' services. The Domestic Abuse floating support service, whilst dedicated to people at risk of domestic abuse is still a housing related support service. As other services also work with domestic abuse, consideration will be given to merging this into the homeless floating support service. This will improve consistency in terms of accessing services, e.g. access to interpreting services and homelessness advice. The specification will be robust in ensuring that the particular needs of people at risk of domestic abuse will be met.
- 8.3 All service reviews and individual EIAs will pay particular attention to relevant protected groups.

9.0 REASONS FOR RECOMMENDATIONS

- 9.1 The previous delegated decision process set out in the 2009 to 2014 report is now out of date and therefore needs revising.
- 9.2 A number of changes to the Director Responsibilities, National and Local funding arrangements and Council Policy on what it will fund in relation to Housing Related Support Services means that a formal refresh of the delegated decision making arrangements is required
- 9.3 A new high level commissioning plan has been developed, which specifies a number of individual commissioning activities and individual procurements that will need to take place.
- 9.4 The overall plan needs to be approved and individual procurement decisions need to be delegated to reflect the number and speed of decisions that need to take place.
- 9.5 The delegation for decision making will need to reflect the range of individual decisions that need to be undertaken. For example, some of the commissioned support services require the use of Council housing stock, therefore these decisions need to be made alongside the Director of Housing and Neighbourhoods for the use of the housing stock.
- 9.6 Supported Housing has a complex interrelationship with housing benefit depending on who the landlord is and what conditions for residence and eligibility are fulfilled. At times this may result in subsidy loss from central government where the landlord is not a Registered provider. (This usually affects tenants of Charities who run supported housing). Where subsidy loss is a risk the Housing Independence Service will take all steps to mitigate this risk, whilst ensuring that the best provider for people is commissioned. Where there are any implications decisions will be made in consultation with the Director of Finance.

10.0 RECOMMENDATIONS

1. That the Content of this report is noted and approval is given to the high level commissioning strategy.
2. That the Director of Commissioning be authorised to terminate contracts

relevant to the delivery of the Housing Related Support Strategy and in accordance with the terms and conditions of the contracts.

3. That in accordance with the high level commissioning strategy and this report, authority be delegated to the Director of Commissioning to:
 4. in consultation with the Cabinet Member for Health, Care and Independent Living and the Director of Commercial Services approve the procurement strategy for any service delivery during the period of the strategy;
 5. in consultation with the Director of Commercial Services and the Director of Legal and Governance award, vary or extend contracts for the provision of housing related support;
 6. in consultation with Cabinet Member for Health, Care and Independent Living, the Director of Legal and Governance and the Director of Commercial Services make awards of grants.
7. That the Director of Commissioning in consultation with the Cabinet Member for Health, Care and Independent Living, the Director of Legal and Governance and the Director of Commercial Services is authorised to take such other steps as he deems appropriate to achieve the outcomes in this report.
8. The Director of Commissioning shall only procure and award contracts for the provision of supported accommodation where the use of Council Housing accommodation is integral to the support in consultation with the Director of Housing and Neighbourhoods and where the appropriate approval for that use of the accommodation is in place.
9. The Director of Commissioning shall only procure and award contracts for the provision of supported accommodation, where there will be implications for housing benefit subsidy loss, in consultation with the Director of Finance Service.

Housing Independence

Commissioning Strategy 2016 – 2020

‘Supporting Independence’

1. Introduction

1.1 This document sets out a concise Council Commissioning Strategy for the following population groups:

- People who are homeless and need support to find housing
- People who need support to keep a roof over their heads because they are at risk of losing their home or their ability to live independently
- People who live in short- to medium-term ‘supported accommodation’ as they are not able to live independently in their own home¹

1.2 The strategy reviews current political, economic, socio-demographic and legislative drivers affecting these population groups, before going on to analyse the need for, and gaps within the supporting services currently available. The strategy concludes with some clear actions.

1.3 This strategy replaces and builds on the Commissioning Plan of 2009 and the Commissioning Strategy agreed in 2012. Both these documents are now out of date and in need of refreshing due to (a) significant reductions in the commissioning budget (44% since 2010), (b) a revised Council Corporate Plan; and (c) the impact and anticipated impact of changes in government policy such as welfare reforms.

2. Strategic Context

Council Priorities

2.1 The Council is committed to [reducing inequalities](#) in the city – a theme that features prominently in the city’s [Health and Wellbeing Strategy](#). The population groups covered by this strategy are at high risk of premature death and a range of other negative outcomes for the individual and the city.

2.2 The Council is committed to supporting people to achieve good health and wellbeing. The population groups covered by this strategy are at a particularly high risk of negative health outcomes and poor overall wellbeing. For example the recent Homeless Health Needs Assessment found that 60% of people surveyed had been told that they had a mental health problem, 49% had a long term physical health problem and 30% reported that they had suffered from depression for over 12 months.

¹ The population group covered by this strategy is not generally eligible or in receipt of support from formal social care services. This strategy does not therefore cover formal supported living schemes, e.g. for people with learning disabilities who are supported by social care services.

- 2.3 This Commissioning Strategy is also set within the context of the Communities Portfolio's priorities, particularly 'People Keeping Well', which includes a commitment to proactive outreach services for people at high risk of poor outcomes.
- 2.4 This strategy also supports and will be supported by other strategies such as the Housing Strategy, The Mental Health Strategy for Sheffield , The Domestic Abuse Strategy, The developing Homeless Strategy, developing Drug Strategy and developing Older Person's Housing Strategy.

Policy and Politics

- 2.5 Homelessness and unstable accommodation has far-reaching consequences for many aspects of an individual's life and contributes to a downward spiral in terms of socio-economic wellbeing and physical and mental health. For young people just setting out on a path into adult life the issue of homelessness can affect their future wellbeing into adulthood and throughout their lives. Young homeless people are more likely to become homeless when older, face greater difficulties finding work and establishing settled lifestyles and relationships.²
- 2.6 There is growing recognition across all political parties of the benefit of taking a more person-centred approach to supporting people; an approach that is not constrained by a single policy area, service department, specialist role, or area of statute, but by the goals of an individual or family and the barriers they face to achieving those goals. Government is buoyed by the perceived success of its 'troubled families' programme and is now keen to expand the approach to the population more widely.
- 2.7 A [recent report](#)³ provides some useful context to the national policy debate. It includes the following diagram (showing est. England population figures) to illustrate the overlap between cohorts that have typically been supported by multiple services. The report makes the point that current services are particularly poor at meeting the needs of people with significant multiple disadvantage (the 57,931 in the picture below).

² Homeless Link (2014) *Young and Homeless 2013*, p. 5. Homeless Link is a charitable company that represents at a national level organisations working with homeless people. Their role is to highlight issues faced by homeless people and influence service improvement and policy change. Their research is based on a survey of 169 homeless organisations and local authorities and includes interviews with homeless young people and staff at homelessness services.

³ Lankelly Chase 'Hard Edges' report on multiple-disadvantage



- 2.8 Taking a person-centred approach is not entirely altruistic. When people experience negative outcomes they often require a significant level of public service and investment. For example, some members of the population groups covered by this strategy use A&E services up to 20 times per year, require expensive medical treatment for conditions arising from self-neglect, are regularly arrested or detained by the police, and will make little if any financial contribution to public services through the taxation system.
- 2.9 Sheffield City Council has been at the forefront of innovative work on person-centred care – for example leading practice development with its ‘Successful Families’ programme, and implementing integrated early intervention and prevention services for the elderly and frail delivered jointly by the Council, Primary Care, and the voluntary and community sector (VCF) sector (Keeping People Well).
- 2.10 Many of the services currently commissioned for the population groups discussed at paragraph 1.1 started out as part of the [Government’s ‘Supporting People’ Programme](#) launched in 2003. This programme championed a cross-disciplinary, person-centred approach to support services; an approach that is now very much back in vogue (“*putting those who need support at the heart of the programme*”).

Economic

- 2.11 The Government’s austerity programme has driven reductions in funding in this area of 44% since 2010-11 (from £19.6m to £10.8m to date). The Council has responded by consolidating services, prioritising those most at risk of negative outcomes and removing rolling subsidies for long-term supported accommodation. Services are continually under review to ensure that changes don’t result in detrimental impact on particular priority vulnerable groups.
- 2.12 There have been a raft of changes to welfare arrangements in recent years and further changes are imminent as the Government looks to make further reductions in spending on welfare.
- 2.13 Changes so far include the widespread use of benefit sanctions, the ‘bedroom tax’ and the capping of Housing Benefit. Universal Credit, which will be introduced in

Sheffield in January 2016, will pose a particular challenge for people with chaotic and unstable lifestyles.

- 2.14 The introduction of Universal Credit will also have significant implications for the Council. Higher levels of Housing Benefit towards the cost of supported housing schemes(*for most of what we deliver internally.*) will no longer be able to be claimed. In future, benefits for housing costs will be paid directly to the tenant and if the Council charges the levels of rent required to run these services, Council tenants will be affected adversely by the benefits' cap and property size criteria ('bedroom tax')⁴ which makes direct provision more challenging. Other options for the provision and management of temporary accommodation are currently being considered as part of the temporary accommodation review which will feed into future commissioning considerations.
- 2.15 Forecasters suggest that provisions in the Government's Welfare Reform and Work Bill, such as the potential removal / reduction of Housing Benefit entitlement from people aged under 25, will significantly increase the pressures on people at risk. At the same time registered providers ((housing associations) who provide much of the supported accommodation and Councils who provide much of the longer term tenancies for this client group will be coping with the impact of reduced rents and the extension of the 'right to buy' to social housing.
- 2.16 Further financial announcements by the current government such as the 1% funding reduction for four years for social housing may also have an impact on the affordability of models of some of the supported housing schemes. We do not yet know the full impact of this recent announcement. We also need to understand the impacts of further announcements made in the Autumn Statement which could have further but as yet unspecified impacts on the funding of supported housing.

Socio-demographic

- 2.17 Homeless people die significantly earlier than the general population. The life expectancy of a person with a history of entrenched homelessness is 43 years for a woman and 47 years for a man.⁵
- 2.18 The Council has just conducted a 'Call for Evidence: Preventing and Responding to Homelessness' to elicit the views of researchers, practitioners and service users in response to three specific questions concerning: – the most effective means of preventing homelessness, meeting the needs of entrenched homeless people with the most complex difficulties and the needs of young homeless people (16 /17 year olds in particular). The report has produced a number of interesting ideas, some of which are new to Sheffield. These will be given our full consideration and where appropriate will feed into future commissioning. One of the most striking and

⁴ The benefits' cap, property size criteria and direct payments will be unaffected where the landlord is a registered provider of social housing (housing association) or a charity (in some circumstances).

⁵ *Homelessness: A silent killer*, A research briefing on mortality amongst homeless people (December 2011). Joint paper produced by the University of Sheffield and Crisis.

persistent themes concerned the importance of psychological and mental health interventions alongside practical help for people to improve their outcomes.

- 2.19 Sheffield has a larger proportion of older people than most core cities and in the last ten years the number of people aged over 85 has increased by 139%. Over the coming years that figure is expected to rise, with the projection of an additional 6,000 people aged over 65 by 2020. People are living longer with long term conditions. Levels of emergency hospital admissions and inappropriate attendances at A&E in Sheffield are higher than the national average and Sheffield spends an unsustainable amount of money on high level older people's care and support services.
- 2.20 In 2014-15, 1,134 people in housing related support services were identified as having a support need relating to drug and/or alcohol issue. Of these people, 157 were aged over 50 years, 46 over 60 years and 4 over 75 years.

Legislative

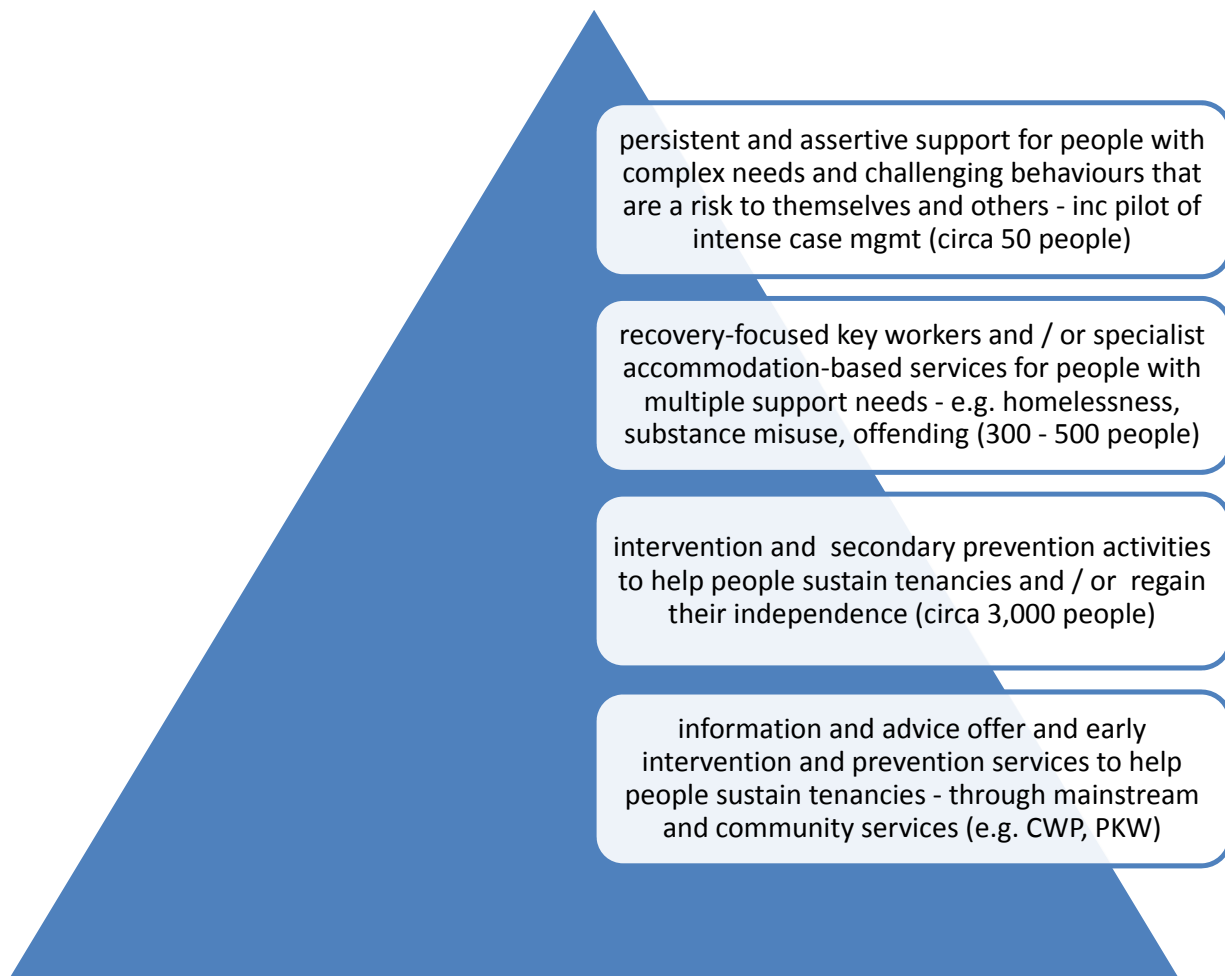
- 2.21 If the Council have reason to believe that an applicant may be homeless or threatened with homelessness, they must also decide if they also have reason to believe that the applicant may be eligible for assistance and have a priority need for accommodation. If there is reason to believe the applicant meets these criteria, Councils have an immediate duty to ensure that suitable accommodation is available until they complete inquiries and decide whether a substantive duty is owed under Part 7 of the Housing Act 1996
- 2.22 There is an element of interpretation in these judgements that are guided by a Code of Guidance produced by the DCLG and precedent set by a large raft of case law. Many homeless people are still not owed a duty to accommodate but will still be entitled to advice and assistance on their housing options.
- 2.23 The Council has a duty under section 2 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support and reduce the needs for care and support of adults in its area.

3. Strategic Outcomes

- 3.1 The strategic outcomes that will guide this strategy are set out below:
- Help more people and families to live independently, safely and well in their own homes – with secure and sustained tenancies
 - Help people identify their health conditions & needs, access services and secure improvements (including supporting recovery)
 - Recognising and addressing social determinants of need and promoting wellbeing (i.e. financial exclusion, unhealthy housing conditions, long term unemployment)

- Prevent more people from becoming homeless and from entering into a cycle of repeat homelessness
- Reduce the number of the target population living on the streets and in temporary accommodation
- Reduce unplanned and regular use of emergency and crisis services such as A&E and the Police
- Reduce demands on public services more widely (e.g. Social Care, Courts, Prisons, Council Housing Solutions)
- Reduce anti-social behaviour, arrears and unrecoverable debt
- Develop and implement new person-centred approaches to support and recovery, that enable the delivery of cost effective and efficient support
- More socially excluded people in a position where they are able to access education, training and employment and meet their full potential and aspiration

3.2 The strategy for meeting these outcomes is summarised very briefly below.



4. Current position

4.1 It is important to stress that many of the providers of support and services in this area are charitable organisations who **combine Council and other public funding** with **significant charitable funding** to provide services and support. For example

Council investment of £585,000 into two housing related support services provided by a local young person's charity attracts an additional £149,000 of charitable donations plus approximately 34,000 volunteer hours a year which is the equivalent of at least two full time extra posts. In many cases therefore the Council is a *contributor* to the work of these organisations and this means more flexible procurement and contract management approaches are required.

- 4.2 Currently the Council has specific contracts with 21 different providers for 40 housing-related support services for the population groups covered by this strategy. These range from residential hostels and accommodation-based services to 'floating support' services, which are preventive outreach services to help resettle people or assist them to stay at home and maintain a tenancy. A breakdown of the current services including numbers of people supported per year is included at Appendix B.
- 4.3 The introduction of the Housing Support Pathway (HSP)⁶ in December 2014 has rationalised access to supported accommodation. All accommodation referrals now come through a single gateway. This allows access to these services to be prioritised and controlled by Housing Solutions.
- 4.4 All people to whom the Council owes a statutory duty under homeless legislation are referred to an appropriate service. Those who have supported accommodation needs but no statutory duty are prioritised according to whether they also have other issues such as mental health, substance misuse, etc. This threshold can be raised or lowered depending upon the capacity of the service provision. Current practice means that those with the most complex needs are prioritised and some people with less complex needs are not offered a service.
- 4.5 Only 17% (about 1 in 6) people who currently present as homeless are owed a full duty (see breakdown below). The full duty to accommodate can be in any tenure and does not have to be a secure tenancy or a supported tenancy. The reality of the situation is that many people who are homeless (including those to whom we do not owe a duty) do not have the skills to live independently and a small proportion is very difficult to accommodate, even in the short term.
- 4.6 There are also a small number of people to whom the Council has either discharged a temporary duty or does not owe a full duty to, but because of their needs present considerable cost to wider public services and are at significant risk to themselves and others.
- 4.7 In 2014, 2,145 homeless presentations were made to the Council.⁷

The table below shows the decisions made under the legislation broken down under five headings. 446 of these households were owed a duty to place into temporary accommodation and 373 were owed a full duty to secure accommodation. The

⁶ A system for assessing and matching eligible clients to appropriate services via the Council's Housing Solutions Service. The system uses an IT database that records and measures client data.

⁷ Information from OHMS Sheffield.

table below gives a breakdown of the 1,302 formal decisions made on these presentations.⁸

2014	Total
(a) eligible, unintentional, priority	373
(b) eligible, intentional, priority	77
(c) eligible, homeless, not priority	515
(d) eligible, not homeless	316
(e) ineligible households	21
Total	1,302

A significant number of other households who presented will have been accommodated directly into supported accommodation as an alternative offer if this was more appropriate.

- 4.8 A snap shot of the statutory homeless status of households in supported accommodation units in September 2015 shows that of the 662 households accommodated, 118 of these have got a statutory homeless case. 80 households have been placed as a 'relief' to their homelessness meaning that they were unable to prevent homelessness but assisted to secure accommodation, even though the Council was under no statutory obligation to do so.
- 4.9 Referrals to floating support services are not limited to access via the Housing Support Pathway. Eligibility is based on the individual's risk of losing their home or their independence, or their need for resettlement to ensure they sustain a new tenancy. Referral relationships have been developed with hospital discharge facilitators and other community staff (including housing staff) to enable support to get to who needs it. For example, 'floating support' often supports a swift return home from hospital for older and disabled people.
- 4.10 Just over 3,800 people sought support in 2014-15 including single people and families. The people accessing support are mainly:
- Homeless people
 - Young people aged up to 25 years and older people aged 55 and over
 - People with mental health issues
 - People with an offending history
 - People with a history of substance misuse
 - People with complex needs and chaotic lifestyles
 - Women and families who have experienced domestic abuse
 - Older people struggling to maintain their home, move home or return home from hospital

⁸ From Sheffield PIE returns to Government 2014.

4.11 The support provided by current services is holistic – designed to focus on the individual not a specific policy or service area. Support typically covers things like:

- practical matters such as budgeting, dealing with debts, managing utilities and repairs, accessing furniture, etc.
- accessing routes into education, training and employment
- accessing primary health care and specialist services such as those dealing with substance misuse, mental health, etc.
- raising people's self- esteem and confidence
- building successful relationships with families and friends
- being a good neighbour and avoiding anti-social behaviour
- settling and engaging in community life including volunteering, social and leisure activities

4.12 It is important to recognise that these services interact and are supplemented by formal health and care services such as drugs treatment, counselling, medication, and therapeutic services; as well as information and advice services (e.g. 'Sheffield Advice'), and significant voluntary and charitable support (e.g. for rough sleepers).

Determinants of need

4.13 The reasons why people have a need for support services relating to their housing are many and varied and often involve a combination of issues. Significant numbers of the people supported have had unstable lives since childhood and struggle to maintain independent living. For example, there is a strong association between adult homelessness and time spent in local authority care as a child.

4.14 The most common single presenting cause for supported housing is relationship breakdown. This includes fall-outs between partners and between parents and children. In the case of young people it may involve the introduction into a single parent household of a new partner. Other contributing factors include:

- domestic abuse and other forms of harassment
- problems with mental and physical health
- personality disorders and antisocial behaviour
- low level learning disability / learning difficulty
- low level literacy, numeracy and educational attainment,
- worklessness
- imprisonment
- dependency on drugs or alcohol

The recently completed Homeless Health Needs Audit sheds additional light on the issues and will be used to inform policy priorities going forward.

4.15 People who need support are generally referred through the Housing Support Pathway⁹ (which in the case of floating support is managed by the individual provider) to the service considered most appropriate to meet their needs. The types of service include:

- Services offering short-term supervised residential accommodation for example in a hostel or refuge,
- Services offering short-term supported housing in single and shared flats, bedsits and houses at addresses around the city where people are able to address some of their support needs and develop independent living skills prior to move-on,
- Floating support services focuss on both prevention and resettlement. These services work with service users in their own homes to assist recovery and build resilience. They enable people to retain their homes preventing them from becoming homeless or moving into high level health or social care services. They resettle people stepping down from high support services to independent living and people resettling after a period of homelessness or time spent in an institution such as a hospital or prison.

Market

4.16 Current services are delivered by a mix of providers. A small number of services are provided in-house, however the majority are provided by Housing Associations / Registered Providers (RPs) or local and national charitable organisations. There is a long established market both locally and nationally within the VCF/RP sector which has a track record of experience and expertise.

The Shelter floating support service picked up the case of an elderly constituent referred by an MP who was an owner occupier living in very poor circumstances with no heating, running water or functioning bathroom. They raised £6,768 from various charities and he now has running water, a full central heating system, a shower and a working toilet. They are continuing to work with him to address some minor repairs and other support needs.

4.17 Many VCF/RP providers deliver significant additionality. For example, by sourcing funding to provide complementary services, fundraising for group activities, accessing trust funds on behalf of service users, and running volunteering programmes to engage local people with service users.

4.18 For example, in 2014-15, one of our providers provided 1,507 hours of additional volunteer help as part of its floating support services, as well as bringing in almost a quarter of a million pounds of charitable funding. Similar additionality is brought to other services by other providers.

⁹ A system operated by the Council's Housing Solutions Service for assessing and matching eligible clients to appropriate accommodation services. The system uses an IT database that records and measures client data.

5. Needs and Gap Analysis

Overall

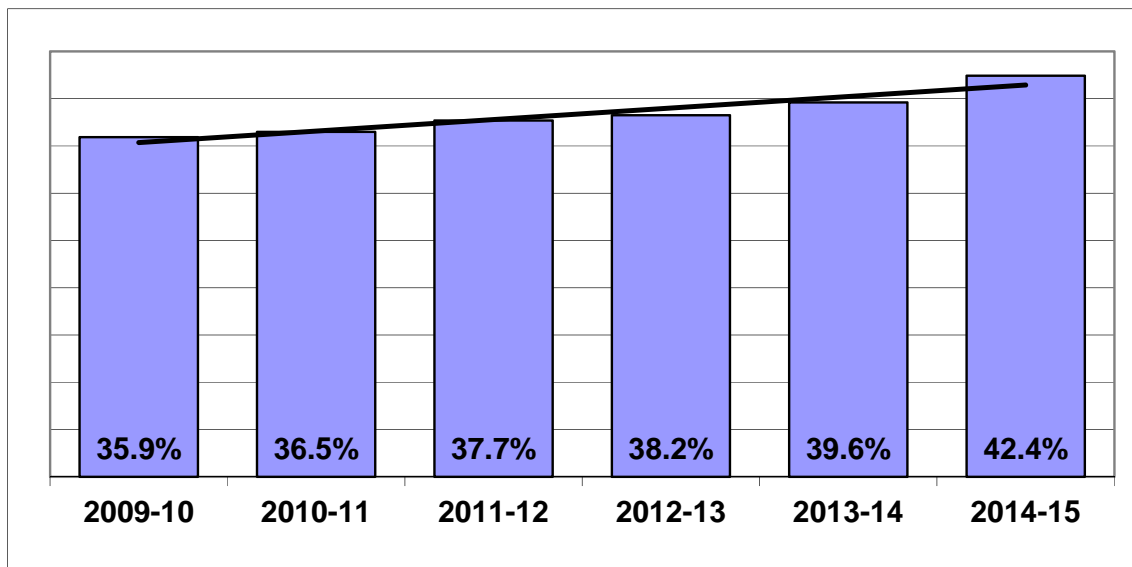
- 5.1 Supported accommodation services are demand led and susceptible to fluctuations in the economy and housing market. Local support services are well established and operate at capacity.
- 5.2 In October 2015 there were approximately 200 people waiting for a housing support service (accommodation and floating .) It is not easy to estimate unmet need other than by reference to demand because a great deal of homelessness is hidden – e.g. ‘sofa surfers’ and people living in high cost / high support accommodation, who would be able to move-on if appropriate provision was available.
- 5.3 In 2013-14 an assessment was made using a tool developed by HGO consultancy which brings together a number of proxy indicators. This identified an undersupply of around 3,000 units of support across all client groups with short term needs. Whilst this could never be an accurate position given the range of proxy indicators it can be accepted as an indicator only for the need for more provision.
- 5.4 In recent years, rates of homelessness have risen across the country overall, although conversely in Sheffield the number of homeless presentations has fallen. The reasons for this are not fully understood, but may in part be down to the range of housing-related support services on offer and the refocussing of these support services over the last three years towards targeting homeless prevention; and the Council’s Homeless strategy and delivery with partners which has seen the refocus from statutory assessments to better prevention and redirection into supported housing. However, the Homeless Health Needs Audit has found that across a range of measures, Sheffield’s homeless population do not have significantly different needs to the homeless populations across 35 other areas in the Country. As such there is some possible risk that this pattern may change.
- 5.5 The introduction of the Building Successful Families Service is also likely to have had an impact as this service addresses many of the determinants discussed above. It is assumed that presentations will stabilise or continue a downward trend but this is not guaranteed and may be affected by some of the changes to government policy (e.g. welfare reform discussed from paragraph 1).
- 5.6 A number of other public services are improving their ‘outreach’ services in a way that could lead to increased demand for floating support services. For example, in the south east of the city the Council Housing Service has been piloting a ‘Housing+’ scheme with the intention of eventual roll out to other areas. This is a new way of working with Council tenants, who are showing signs of getting into difficulties with their tenancy, to prevent escalation and avoid eviction. Tenants identified as ‘at risk’ are assisted to address the causes of their difficulties and to engage with appropriate support services.
- 5.7 In the Housing+ pilot area cases referred to the city-wide Shelter floating support services rose from 50 in 2013-14 to 267 in 2014-15. Whilst this will not all be a

result of Housing+ (referrals have also increased as a result of the increased deployment of Community Support Workers), it does demonstrate collaborative working between services with positive results for people who might otherwise have got into serious difficulty and may even have lost their tenancies.

5.8 These interventions also reduce the budget pressures on the Council created by arrears and unpaid rent and Council Tax. However, it also suggests that when Housing+ and other outreach services are extended across the city, the demand for floating support services is likely to rise significantly as more clients are identified and referred. Based on the experience in the south east to date the increased demand could be as high as 500%. This kind of increase is clearly not sustainable and we would need to explore other options for funding or delivery of support.

Increasing complexity of need

Needs levels of service users in housing related support services



5.9 Individuals' support needs are assessed and classified on entry into service under 17 headings against which outcomes are measured when they complete their support plan. The table above shows the average number of needs per service user over the last six years based on the 17 different needs.

5.10 While homeless presentations may be falling, monitoring data collected from existing services shows that people are presenting with a greater number of needs. This trend has continued over the last few years.

5.11 The comparison shows a steady increase in the breadth of needs presented by people entering service. These are likely to be conservative figures as not all needs are identified at initial assessment. Among the needs identified are some that may be enduring factors in people's

More than half the offenders in prison experience common mental health problems such as depression and anxiety, very often linked to issues such as a history of family poverty, family breakdown and substance misuse. ([Offenders, Positive Practice Guidance](#) (IAPT: January 2009). Two-thirds of women prisoners show symptoms of disorders such as depression, anxiety and phobias (Together Women Project factsheet).

lives. Monitoring evidence shows that in 2014-15 of the 3,871 clients in service:

- 49% had needs associated with their mental health,
- 59% had needs associated with their physical health,
- 29% had needs associated with substance misuse,
- 55% had needs associated with self-harm, harm from others and harm to others,
- 21% had dual diagnosis needs (mental health and substance misuse). This is a 50% increase over the last 3 years.

Demographics

- 5.12 Just over three-quarters (79%) of homeless *presentations* are single people, of which 52% are men. Whilst the largest number of presentations are from applicants aged between 25 and 46 (56%) young people between the age of 18 to 24 account for 28% of the all ages total. Early intervention with this age group is critical.
- 5.13 The data collected by HSP provides an unprecedented opportunity to evaluate the take-up of existing services, to identify gaps and to chart the progress of clients in service. It is enabling a better understanding of numbers circulating around services and where some of the waiting list pressures occur. This is already informing more intelligent commissioning going forwards and further analysis of the data to identify trends and study outcomes is a priority.
- 5.14 Access and monitoring data and serious incident reporting has assisted the identification of between 20 and 30 people whose complex needs, chaotic lifestyles and ambivalence to engaging with mainstream services present a significant challenge and render them virtually unplaceable in existing services. These people often fall through the net of adult social care as their individual needs do not make them FACs eligible although they are extremely vulnerable to entrenched rough sleeping and early death. The behaviours of these people have a considerable impact on resources including the Council's Housing Solutions Service, provider services and emergency services such as A&E departments and the Police. Services are not currently working for this group – we need to try something different.
- DC is a single man with a history of violence, alcohol use and rough sleeping. He is 62 and suffering from life threatening chronic health problems as a result. He lost his temporary accommodation as a result of his behaviour and the Council has no further statutory duty towards him. DC is known to have used A&E 22 times while homeless and was admitted to hospital 5 times in one year at a cost of £10,562. In the 5 months since he has been in a supported housing service he has made only 1 visit to A&E.*
- 5.15 Just under a half (46%) of people using housing-related support services are women¹⁰. Just over a third (36.5%) of people who approached Housing Solutions for accommodation in 2014-15 were women (including single women with children).

¹⁰ Monitoring data for 2014-15 and data from HSP for all people in service on 28th September 2015 shows a consistent percentage of 46%.

- 5.16 We currently have some women only accommodation for single women under 25, but for those aged over 25 there is no single gender accommodation other than the women's domestic abuse refuge. Supported accommodation for some women with higher needs is provided by the Salvation Army Hostel and 911 Project but these offer services for women within mixed and predominantly male environments.
- 5.17 While some women benefit from these services there are serious concerns about their appropriateness for very vulnerable women or women with very complex needs who may have experienced cycles of abuse. Evidence from studies of homeless women show that women tend to contact services at a later stage than men and when their problems have become severe and enduring¹¹.
- 5.18 It is common for women who become homeless to have experienced abuse from someone they know¹². The evidence suggests that services that work well for women at risk are usually integrated, holistic women-only services that take women's lives, relationships and trauma histories seriously and foster women's self-esteem and problem solving abilities¹³. Although numbers are fewer than men, women can be more difficult to support for these reasons. Same sex accommodation along-side therapeutic interventions appears to have the biggest impact on empowering women to break away from damaging lifestyles. Supported accommodation needs of women in this group require further consideration and the service offer probably needs to be enhanced.

Mental Health

- 5.19 Mental health is a support need present in many cases. There is a strong association between homelessness and mental health issues, and offending and mental health issues. People referred to housing-related support services are often not managing their mental health successfully. This concerns not only people who suffer from low mood and depression but people with significant psychiatric diagnoses and chronic long-term mental illnesses.
- 5.20 The Mental Health Needs Index indicates that Sheffield has a 15% higher admission rate for severe mental health problems than England as a whole and a higher premature mortality rate.¹⁴ Support services also work with numbers of people diagnosed with conditions such as 'personality disorder' or dual diagnosis, whose behaviours present a challenge to Services. This is a common thread through many 'Serious Incident' investigations concerning service users.

¹¹ Alexia Murphy St Mungos Guardian March 2014

¹² CRESR 92006) homeless women: still being failed but striving to survive

¹³ McNeish & Scott, *Women and girls at risk: Evidence across the life course*, Key Messages from the Review, (DMSS Research: 4 August 2014) p. 8.

¹⁴ Sheffield Joint Strategic Needs Assessment Report 2013

Substance Misuse

- 5.21 Just over nine per cent of people in alcohol treatment services commissioned by the Drug and Alcohol Commissioning Team (DACT) are aged over 60. Only 2.2% of opiate users in drug treatment services are aged over 60 but there is an upward trajectory in age and levels of physical disability in those under 60 so this figure is likely to rise over time. The group of older people with the most complex needs are those with poly-substance misuse and physical health issues in long term treatment. This is usually more for harm minimisation than actual recovery. Longer term support as part of a harm minimisation programme is increasingly needed for this client group.
- 5.22 The floating support services include provision aimed specifically at older people. Embedding a preventative and reablement approach to help people stay healthier for longer and avoid earlier use of health and care services is increasingly important. In 2014-15, 1,290 clients were supported by the older people's floating support services. If the forecast population increase is correct, services will need to support an additional 85 people by 2020 to retain the current level of service provision.
- 5.23 In general available information indicates that there is an undersupply in most areas of housing-related support. Demand is unlikely to decrease and will probably increase as a result of the impact on poverty and deprivation of cuts to public services, the challenging economic climate and government social and housing policy.

General needs and impacts of other policies

- 5.24 The types of need and the breadth of needs presented by service users create challenges for short-term service providers who are expected to achieve positive support outcomes within a period which may be as short as 6 months. There is flexibility to extend support periods in exceptional cases but extending support periods reduces turnover and thus capacity. If, as this trend suggests, support periods might usefully be extended to address the fact that increased numbers of service users have an extensive range of support needs, more units of support will need to be commissioned to retain capacity. We need to be more flexible about service duration but this will reduce capacity.
- 5.25 The upward trend in numbers of individuals presenting with extensive support needs is unlikely to reverse in the short and medium term – particularly given the government's programme of austerity measures, which are expected to have a proportionately greater impact on those people who are the most socially and financially excluded and most dependent on public service.¹⁵
- 5.26 The full impact of these policies on services for people at risk and homeless people will not be known until the legislation is enacted. However, mapping floating support services (i.e. people being supported in their own homes) shows a close correlation

¹⁵ 'Housing Needs of Homeless People with complex needs in Stoke on Trent' Dr Kesia Reeve, Dr Stephen Green and Elaine Batty

between take-up of these housing-related support services and the Index of Multiple Deprivation. It is reasonable to assume that people who become clients of housing related support services are likely to be adversely affected by cuts in welfare provision. They are more likely to experience financial exclusion and therefore face greater risks of losing their home, as well as other factors associated with multiple deprivation including poor health, low educational and economic achievement and low life expectancy.

- 5.27 The response to the Council's 'Call for Evidence: Preventing and Responding to Homelessness' has some striking and consistent themes – including the importance of psychological interventions alongside practical help people achieve better outcomes. We need to make sure this is factored into our commissioning and partnership with the CCG.
- 5.28 A recent [Kings Fund report](#) identified housing deprivation and employment as being key factors underlying entrenched health inequalities. We need to explore how housing and employment support can be better integrated around the needs of the individual.

Immediate Service Issues

- 5.29 There are some immediate issues with current service delivery that need to be address during the period covered by this strategy. These are discussed below.
- 5.30 We recognise that we rely too much on hostel and shared housing provision for young people, which can be detrimental to the development of some homeless young people, particularly 16 to 19 year olds. We are currently assessing whether a Night Stop / Supported Lodgings approach would work better for this population group. This would involve developing a nurturing offer to homeless young people by recruiting volunteer hosts who accommodate young people in their own homes. This approach, which is used elsewhere in the country, would involve volunteer hosts going through a DBS disclosure and full relevant training. They would then be supported throughout the placements and debriefed after each hosting. A business case is being developed to do this immediately. Children, Young People and Families Service will be part of the steering group to oversee the pilot.
- 5.31 We know that we do not have enough 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. There are new approaches being tested in some parts of the country based on a 'Housing First ' model that has been successful in America. The model has yet to be fully validated in Britain and is not considered to be a quick fix but may work for some individuals for whom other options have failed. We want 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 commissioning. For such an approach to be successful it requires strong and robust delivery partnerships across services to be in place.
- 5.32 Some of the buildings used for temporary accommodation for homeless families (which are owned by the Council and managed in house or leased to a registered

provider) are of a poor quality and were only ever intended for short term use. New better quality capacity may need to be developed. Options for future provision including any requirement for new capital development will be explored following the Review of Temporary Accommodation.

- 5.33 A further temporary accommodation scheme for single people is also struggling as a result of its design. It is housed in a block of flats, and, while the quality of the accommodation is good, the design makes it difficult to support the client group. Options for new capital development temporary or supported accommodation for single people will be considered along with new medium term models of service provision following both the temporary accommodation review and the review of supported housing for homeless people.

6. Commissioning Plan 2016-20

- 6.1 Since the previous commissioning plan and the current Sheffield Supported Housing Strategy 2012-16 were produced, a number of 'legacy' services¹⁶ which were in existence at the start of the Supporting People Programme have been remodelled and re-commissioned. Mental health and older people's service have been remodelled to place a greater emphasis on supporting step down from hospital or higher level care and building resilience to prevent admission to higher level and costly care services. All services have been refocused to work with people with short-term needs and a considerable amount of cost reductions have been made. We will continue to review and re-commission services that have not been retendered recently.
- 6.2 The data being provided by the HSP system means that we are learning a lot about the flows through and round support services. Early work with the NHS has also enabled us to identify people that are in or have been through support services that have a significant personal impact on health services. Some of the early learning from this work has influenced this strategy, but we will inevitably identify new trends and issues over the coming year.
- 6.3 Given this, and the unknown impact of the major changes to the welfare system, we need to make sure that our commissioning in this area remains flexible and responsive to changing needs. This will influence the nature of our contracts with providers, and our internal decision-making and governance arrangements.

Guiding principles

- 6.4 The principles listed below, and the context and needs analysis above will guide our strategy for the next 4 years.
- Continue to develop pilot projects to explore **new and innovative ways** of responding holistically to the needs of individuals
 - Strong focus on **prevention, early intervention and building resilience**
 - **Prioritise primarily according to need** (whilst meeting statutory responsibilities)

¹⁶ Offenders, mental health, domestic abuse, drug and alcohol and some young people's services.

- **Support recovery**
- **Utilise evidence** gathered from customer and stakeholder consultation and the ‘Call for Evidence: Preventing and Responding to Homelessness’ to ensure that services commissioned best meet the needs and aspirations of the people supported¹⁷
- Continue to work with Lifelong Learning and Skills and other partners to ensure that **access to employment, education and training is embedded** in future service specifications as appropriate
- Continue to seek opportunities for joint commissioning with other Council services and external partners to ensure support is person-centred, eliminate duplication and achieve best value for money – recognising that **housing support services in the future will rely on contributions from organisations** that benefit from them

7. Commissioning action plan 2016-20

Support	Activity	Outcomes
Homelessness	<ul style="list-style-type: none"> • Enhance and re-commission the rough sleeper service and homeless hostel provision. • Retender homeless floating support services integrating a number of separate contracts. • Enhance the service offer for homeless women, particularly women with complex needs. • Implement appropriate changes to temporary accommodation following the review. • Following a review remodel temporary accommodation services in the medium term which may include working with Housing Associations to prioritise the replacement of Temporary Accommodation buildings that do not meet required standards. • Ensure that information from both the Call for Evidence and the Health Needs audit are captured in the specifications for services. 	<ul style="list-style-type: none"> • Reduced numbers of this group living on the streets. • Reduced unplanned and regular use of emergency services such as A&E and the Police. • Reduced demands on public services such as the Courts, Prisons, Council, Housing Solutions, etc. • Appropriate models of temporary accommodation in place to meet statutory homeless duties. • Support ‘recovery’ and enhanced health outcomes.
High Support and Complex	<ul style="list-style-type: none"> • Review and appraise the options for sustaining the High Support Service 	<ul style="list-style-type: none"> • Families able to function successfully and sustain

¹⁷ HIS in collaboration with partners in Public Health has recently conducted a ‘Call for Evidence: Preventing and Responding to Homelessness’ to elicit views based on experience, knowledge, information and practice. Responses were forthcoming from a range of professionals and academics involved in the homeless field both locally and nationally. Their responses highlight some common themes which will be used to inform future commissioning of homeless support services.

Needs	<p>taking into account the Council's rent requirements and the impact of the government's welfare reform plans.</p> <ul style="list-style-type: none"> • Re-commission the small provision we have for high and complex needs single people. • Pilot and develop new enhanced models of support for homeless people with severe and complex needs to tackle service gaps and meet statutory duties. • Further consideration of the need for long-term multiple support solutions for vulnerable adults with complex needs who cannot live unsupported. 	<p>their tenancies.</p> <ul style="list-style-type: none"> • Reduced anti-social behaviour, arrears and unrecoverable debt. • Reduced pressure on existing services unable to cope with this group. • Excluded and chronically ill rough sleepers are accommodated safely. • Alternative models of service delivery explored and piloted to the most vulnerable and at risk adults.
Domestic Abuse	<ul style="list-style-type: none"> • Re-commission refuge provision in line with existing plans. • Review the model and location of Sanctuary Service and floating support service to develop a range of offers. 	<ul style="list-style-type: none"> • People at risk of domestic abuse are protected and supported to move on from abusive relationships.
Older People and People with Disabilities and Sensory Impairments	<ul style="list-style-type: none"> • Retender existing floating support services for older people and people with disabilities and sensory impairments to create a merged service in line with a new service specification, and increase number of units of service where there is need. • Appraise options for continuing the health and wellbeing handyperson service and procure. 	<ul style="list-style-type: none"> • Older people enabled to live independently in their own homes. • Reduced admissions to more expensive services such as residential care or hospital. • Reduced demand on health and social services. • People discharged from hospital successfully and in a timely way.
Offenders	<ul style="list-style-type: none"> • Review and consider need and impacts of how we reduce housing-related support services in line with planned reductions in the 2010 business case and subsequent contract. 	<ul style="list-style-type: none"> • Planned commissioning in accordance with need and resources available.
Substance misuse	<ul style="list-style-type: none"> • Undertake a review to consider exercising the option to extend the current services in line with the contract, including the use of the 	<ul style="list-style-type: none"> • Planned commissioning in accordance with need and resources available.

	building provision.	
Young People	<ul style="list-style-type: none"> • Focus the approach on maintaining young people within the family home where it is safe to do so. • Work with an experienced provider of Nightstop and Supported Lodgings to pilot the feasibility of developing a scheme in Sheffield. • Remodel the range of existing provision and clarify the role of hostel accommodation. • Consider flexibility in terms of service duration for young people. • Develop collaborative pathways that ensure access to opportunities for education, practical training and employment. 	<ul style="list-style-type: none"> • Reduced future demand on welfare benefits, health and social services. • Young people engaged and functioning as full members of society. • Young people enabled to make a successful transition to adulthood.
All services	<ul style="list-style-type: none"> • Work with Public Health and CCG to identify the therapeutic interventions that will be of most use to client groups and promote this with service providers. • Continue to work within a joint commissioning framework where relevant. • Respond appropriately to the findings of the Homeless Health Needs Audit. • Continue to analyse data from the new ICT system and feed into individual commissioning plans • Undertake service user consultation and EIA on each review / commissioning plan. 	<ul style="list-style-type: none"> • Service users offered additional support to address psychological as well as practical needs. • Services are integrated into a range of pathways and compliment agendas. • Services supporting homeless people are able to enhance their chances of improving their health and wellbeing.

8. Implementation

8.1 Individual service redesign or developments described in this plan will be undertaken by Housing Independence Staff as business as usual. This will include consultation with service users and other stakeholders to influence service design, resource planning in line with agreed overall expenditure and business planning in line with timetables within the procurement plan.

8.2 Commissioning activity will be monitored by the Supported Housing Implementation Group.

Appendix A.

Five year budget profile

Housing Independence	2015/16	2016/17	2017/18	2018/19	2019/20
PH Budget Investment	-2,375,000	-2,225,000	-2,225,000	-2,225,000	-2,225,000
staff base budget	-411,907	-411,907	-411,907	-411,907	-411,907
GF Investment	-8,443,500	-8,243,500	-8,243,500	-8,243,500	-8,243,500
Budgeted expenditure [cash limit]	-11,230,407	-10,880,407	-10,880,407	-10,880,407	-10,880,407
<i>Proposed changes...</i>					
Contract Spend Rolled Forward plus pilots	10,111,207	10,367,292	10,367,292	10,367,292	10,367,292
<i>Proposed investment pilot 1 and longer term investment High Needs</i>	<i>150,000</i>	<i>256,109</i>	<i>123,506</i>		
<i>Proposed investment pilot 2 YP</i>	<i>50,000</i>	<i>44,109</i>			
<i>Proposed supported accommodation for women</i>		<i>200,000</i>			
<i>Proposed disinvestment reduction pro rata from Oct. offenders</i>		<i>-88,218</i>	<i>-123,506</i>		
<i>Proposed disinvestment from generic</i>		<i>-189,192</i>			
<i>Net change to Mental Health services following re-commissioning</i>		<i>11,344</i>			
<i>Re-commissioning of OP/PDSI services to form single service.</i>		<i>-39,140</i>			
<i>Disinvestment in long term PDSI service 2015/16 (full year effect)</i>		<i>-3,928</i>			
<i>Investment in bringing the management info up to date. HIST</i>		<i>35,000</i>			
<i>Transfer of funding to Adult Social Care (Extra Care) (full year effect)</i>		<i>30,000</i>			
Staff spend	435,907	442,907	442,907	442,907	442,907
Procurement costs - not budgeted for	70,000	70,000	70,000	70,000	70,000
one off contract savings	-42,848				
Overspend / underspend	-656,141	-208	-208	-208	-208
contract overspend/ underspend	-750,141	-101,208	-101,208	-101,208	-101,208
staff overspend / underspend	24,000	31,000	31,000	31,000	31,000
other costs (e.g. procurement, legal etc)	70,000	70,000	70,000	70,000	70,000

External Organisation Name	Name/Title of Contract	Purpose of the Contract	Client Sector	Annual Value of Contract	Contract Start Date	Contract End Date
Target and Action for Safer Communities	Supported Housing for Offenders	Temp supported housing for homeless offenders, rehabilitation and resettlement ready for independent living 6mth term	Community Safety	£ 705,744	03/11/2014	02/11/2016
DISC	Housing Related Floating support for those with Drug and Alcohol support needs	Housing support in clients home for people with drug and/or alcohol problems	Community Safety	£ 348,500	20/06/2013	19/06/2016
DISC	Supported Housing Hostel for those with Alcohol support needs (TG)	Hostel accommodation support for those who have alcohol problems but have been through rehab / or stopped drinking	Community Safety	£ 188,022	14/10/2013	13/10/2016
SARAS	Supported Housing Refuge Provision for Domestic Abuse	Homeless temp accom (refuge) for women and children homeless due to DA. Linked to Homeless duty	Domestic Abuse	£ 350,000	01/04/2014	02/10/2016
Sheffield City Council	Housing Related Support Sanctuary Scheme for Domestic Abuse	Target hardening scheme to improve safety features in home where risk of DA	Domestic Abuse	£ 45,968	01/04/2013	31/03/2016
South Yorkshire Housing Association	Supported Housing for those with Multiple and Complex needs (Nine One One Project)	Supported accommodation for single people with multiple needs with history of homelessness	Generic / Complex Needs	£ 404,029	01/04/2014	02/10/2016
South Yorkshire Housing Association	Supported Dispersed Housing with Transitional Landlord Service for homeless people (Thursday Project)	Temporary supported license for hard to accommodate homeless people. Trainer properties where tenant can remain without support once developed skills and paid arrears.	Generic / Complex Needs	£ 331,184	01/12/2014	30/11/2017
South Yorkshire Housing Association	Supported Dispersed Housing for homeless people (Clusters)	Accommodation support to range of homeless people with support needs, usually higher needs.	Generic / Complex Needs	£ 172,327	01/04/2013	31/03/2016
Nomad Opening Doors	Housing Related Floating Support for vulnerable people in Burngreave/Page Hall (Burngreave Tenancy Support Scheme)	Housing related support to vulnerable people living in Burngreave / Page hall areas of city	Generic / Complex Needs	£ 189,192	01/04/2013	02/10/2016
Shelter Ltd	Housing Related Floating Support for Homeless Families	Supports vulnerable homeless families to move out of temporary accommodation and settle in own accommodation and neighbourhood	Homeless	£ 251,742	01/04/2013	02/10/2016
Shelter Ltd	Housing Related Floating Support Citywide Homeless Prevention & Resettlement Service	Prevents households from becoming homeless and provides resettlement service to single people who have been homeless into own accommodation	Homeless	£ 530,000	29/04/2012	02/10/2016
Action Housing and Support	Housing Related Floating Support for Action Against Domestic Abuse of All Forms (A.D.A.F)	Housing related support to women at risk of homeless due to domestic abuse or who need support to resettle after period of homelessness due to DA. Women at Risk of Domestic Violence	Domestic Abuse	£ 150,000	01//04/2014	02/10/2016
Places for People - Individual Support	Supported Temporary Housing for Homeless Families (WL)	Temp Supported Housing for Homeless Families.	Homeless	£ 59,231	01/04/2013	02/04/2017

External Organisation Name	Name/Title of Contract	Purpose of the Contract	Client Sector	Annual Value of Contract	Contract Start Date	Contract End Date
Places for People - Individual Support	Supported Temporary Housing for Single Homeless (VC)	temp supported housing for single homeless	Homeless	£ 132,251	01/04/2013	03/07/2016
South Yorkshire Housing Association	Supported Temporary Housing for Homeless Families (DV)	Temp Supported Housing for Homeless Families.	Homeless	£ 87,493	01/04/2013	02/04/2017
South Yorkshire Housing Association	Supported Temporary Housing for Homeless Families (CB)	Temp Supported Housing for Homeless Families.	Homeless	£ 127,622	01/04/2013	02/04/2017
Turning Point Services Ltd	Housing Related Outreach Support for Rough Sleepers	Support to rough sleepers and those at risk of rough sleeping	Homeless	£ 175,760	01/04/2013	02/04/2017
Sheffield City Council	Private Rented Solutions Service	In-house funding to extend access to private sector to single people not in priority needs group, alternative to social housing	Homeless	£ 55,000	01/04/2013	31/03/2016
Sheffield City Council	Supported Housing and Outreach Support for Families with High Needs	Family Intervention Service accommodation based to retrain families committing anti social behaviour	Homeless	£ 185,224	01/04/2013	31/03/2016
The Salvation Army	Supported Housing Hostel for Homeless people (CR)	Hostel for homeless	Homeless	£ 325,668	01/04/2013	05/06/2016
St Anne's Shelter & Housing Action	Supported Housing Hostel for Homeless men (BC)	Hostel for homeless men and supported flats attached to Hostel for homeless men	Homeless	£ 382,147	01/04/2013	03/07/2016
Creative Support	Supported Housing for those with Mental Health Problems (S)	Supported housing for people with mental health problems	Mental Health	£ 159,809	15/05/2015	14/05/2018
South Yorkshire Housing Association	Housing related support for those with mental health (Connect 3)	Support for those with mental health problems, floating support, accommodation and transitional landlord elements.	Mental Health	£ 386,583	03/08/2015	02/08/2018
South Yorkshire Housing Association	Supported Housing Hostel for those with Mental Health Problems (BR)	Supported housing for people with mental health problems	Mental Health	£ 165,241	03/08/2015	02/08/2018
Sheffield City Council	Housing Related Floating Support for those with Mental Health problems	Housing related support service for people with mental health problems in own homes.	Mental Health	£ 365,946	01/04/2013	31/03/2016
Yorkshire Housing Foundation	Health & Social Care Handyperson Service	Part subsidised handy person service for poorer home owners	Older People	£ 60,000	02/03/2011	31/03/2016
Yorkshire Housing Foundation	Sheffield StayPut Home Improvement Agency	Contribution towards Home Improvement administration costs to support older owner occupiers with a range of housing needs	Older People	£ 71,448	01/04/2013	31/03/2016

External Organisation Name	Name/Title of Contract	Purpose of the Contract	Client Sector	Annual Value of Contract	Contract Start Date	Contract End Date
South Yorkshire Housing Association	Housing Related Floating Support for Older People in North West Sheffield (Support 55)	short term housing support to maintain independence and assist hospital discharge where there is a housing issue	Older People	£ 478,884	01/04/2013	02/10/2016
Age UK	Housing Related Floating Support for Older People in South East Sheffield	Short term housing support to maintain independence and assist hospital discharge where there is a housing issue	Older People	£ 382,945	01/04/2013	02/10/2016
Shelter Ltd	Housing Related Floating Support for Older People in South West Sheffield	Short term housing support to maintain independence and assist hospital discharge where there is a housing issue	Older People	£ 373,068	01/04/2013	02/10/2016
Sheffield City Council	Housing Related Floating Support for those with Physical and/or Sensory Impairments	Short term housing support to maintain independence and assist hospital discharge where there is a housing issue	PDSI	£ 204,243	01/04/2013	02/10/2016
Roundabout Ltd	Supported Housing Hostel for Young People (SB)	Hostel for young homeless people 16+	Young People	£ 284,648	01/04/2013	02/10/2016
Cherrytree Support Services Ltd	Supported Housing Hostel for Young People (C)	Hostel for young homeless people 16+	Young People	£ 314,176	01/04/2013	02/10/2016
Young Womens Housing Project	Supported Housing Hostel for Young Women	Supported housing for sexually abused young women	Young People	£ 160,888	01/04/2013	02/10/2016
Sheffield YWCA	Supported Housing Hostel for Young Women (PH)	Hostel for young homeless people 16+	Young People	£ 169,493	01/04/2013	02/10/2016
Guinness Partnership	Supported Housing Foyer for Young People (Sheffield Foyer)	Supported housing for young people with training attached	Young People	£ 263,578	01/04/2013	02/10/2016
Depaul UK	Supported Dispersed Housing for Young People	Housing related support for young people and young parents in dispersed supported housing	Young People	£ 485,000	02/02/2015	01/02/2018
Roundabout Ltd	Housing Related Floating Support for Young people (Supporting Tenants)	Housing related support for young people in their own homes at risk of homelessness or with a resettlement need	Young People	£ 255,000	01/12/2014	30/11/2017