

Divisions Affected - All

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

18 January 2024

Homelessness and Rough Sleeping in Oxfordshire

Report by Karen Fuller – Corporate Director ASC

RECOMMENDATION

1. **The People Overview and Scrutiny Committee is RECOMMENDED to note the report.**

Executive Summary

2. This report provides a system progress update on the work that has been undertaken in relation to homelessness services in Oxfordshire to improve support following the Safeguarding Adults Review in 2020. Whilst Oxfordshire County Council is not the Housing Authority or responsible statutorily for homeless, it is recognised that its essential to work as an Oxfordshire system to transform services therefore the evidence of partnership working and the positive difference this has made will be illustrated throughout this report.

Background

3. Oxfordshire County Council's (OCC) commitment to people who experience homelessness and rough sleeping is derived from the aim to create thriving communities for everyone in Oxfordshire where people live safe, healthy lives and play an active part in their community, providing services that enhance the quality of life in our communities.

Whilst OCC is not the Housing Authority or the Authority that has statutory duty to deal with homeless households, (this responsibility lies with the City and four District Councils) it is recognised that that a system-wide Oxfordshire aligned approach is required to tackle this nationwide issue.

- 3.1 The need for a system-wide response was also identified in the Safeguarding Adults Review (SAR) published in 2020 which reviewed the deaths of nine homeless people in Oxfordshire in 2018 & 2019. One of the key findings from the SAR was that the approach to working with people experiencing multiple-

exclusion homelessness (where they had mental ill-health, substance abuse issues and/or were experiencing domestic abuse) was fragmented and required a coordinated, system-wide response. Following this review, the Alliance of homeless services, the review process for scrutinising all deaths of people who were homeless and the Homelessness Directors' Group were all created.

It is through the work of these groups and processes that we as a system acknowledge that for a person experiencing multiple exclusion homelessness, their housing can be symptomatic of the reasons behind their homelessness which can often be mental health, substance abuse or trauma-related, and that to truly tackle homelessness, this needs to be understood.

3.2 Colleagues from the Oxfordshire Homeless Alliance¹, OCC, City Council, District Councils, Public Health, Hospitals, ICB (Integrated Care Board), NHS (Oxford Health, Oxford University Hospital, Probation, Lived Experience Advisory Forum (LEAF) and Thames Valley Police meet as the Prevention of Homelessness Directors Group (PHDG) and have produced a comprehensive action plan, The Oxfordshire Homelessness and Rough Sleeping Action Plan (2023 – 2026), which has seven key strands:

- Accountability
- Accommodation & commissioning
- Proactively prevent homelessness.
- Timely move-on
- The right home in the right place
- Delivery of Service - Rapid response to rough sleeping
- Focus on the person not the problem

This PHDG oversees the work of the Countywide Housing Steering Group (CHSG), who are a multi-agency group that has responsibility for delivering all 36 actions within the plan. These are, in turn, prioritised, and there are nine actions for 2024:

- Deliver new countywide data base, based on a by names approach, from procurement through to operational delivery.
- Deliver a strength-based approach to working with individuals, offering holistic support

¹ The Oxfordshire Homeless Alliance is a contracted service between:
The City and District Councils

- A2Dominon
- Aspire Oxfordshire
- Connection Support
- Elmore Community Services
- Homeless Oxfordshire
- St Mungo's
- OCC

- Carry out a review of current buildings held by Alliance, to see if they meet needs of a Housing-led system.
- Benchmarking exercise to be carried out of all housing authorities, collecting information on prevention offer across the City and Districts, which will allow comparison and inform recommendations/ decisions on a common and minimum offer across the county.
- Benchmarking exercise to be carried out of all housing authorities), collecting information on practice on move on planning and Personal Housing Plan use across the City and Districts, to provide a common and minimum offer across the County.
- Develop a Countywide report on how to increase the supply of a range of affordable housing options for single homeless households across the County
- Work with housing and support providers to roll out and develop a consistent and high-fidelity model of Housing First across the county
- Establish and further develop a psychologically informed assessment in Oxford City, consideration if Districts needs similar services.
- Ensure the development of supported housing in line with Housing Led principles. Continued progress of the Alliances transformation of their accommodation.

The action Plan is a good example of effective co-production, with Stakeholders and those with lived experience.

The governance and oversight of homelessness services/support is important to ensure system working and continuous improvement. The structure of how this is configured in Oxfordshire can be reference in Annex 1 and is described below.

The PHDG reports into the Health and Wellbeing Board and regularly updates the Oxfordshire Safeguarding Adults Board (OSAB).

OSAB oversees the Homeless Mortality Review (HMR) process in Oxfordshire. The HMR process is Oxfordshire's way of ensuring that the deaths of any person who is homeless or rough sleeping is reviewed and where there is learning for organisations that this is acted upon. All Homeless deaths are rigorously investigated, and learning is undertaken to improve practice and reviewed further by the Subgroup as below.

To align with national collection on the number of deaths of people experiencing homelessness, the Homeless Mortality Review (HMR) Subgroup of the Safeguarding Board reports on a calendar year rather than financial year. From January to December 2022 there have been 13 deaths reported that fit the criteria for an HMR.

Until recently, all the HMR Reports were reviewed by the HMR Subgroup. In acknowledgement of the importance of learning lessons from reviews and the seriousness with which organisations approach this complex area of work, all HMR Reports are now being overseen by the Safeguarding Adults Review (SAR) Subgroup and the reports are given equal status to the mandatory statutory reports the Safeguarding Adults Board is required by law to conduct.

The feedback and learning from the HMRs is shared with all the organisations involved and with the change in governance to sitting under the SAR Subgroup, the learning will also sit under the Safeguarding Adults Board, who work closely with the Prevention of Homelessness Directors' Group and the Countywide Homelessness Steering Group to ensure that learning is shared across the system.

The HMR's have allowed partners to identify similarities in cases and to build a profile which has fed into the Making Every Adult Matter (MEAM) work outlined in Section 5 below.

- 3.3 New for 2024 is the introduction of an Independent Scrutineer role and a Quality Assurance Officer within the Safeguarding Board who will take on the task of ensuring that the lessons shared across organisations are being acted upon and are resulting in the improvements we expect to see, and where this isn't happening, to highlight to the Safeguarding Board these barriers to learning for the senior leaders across the partnership to respond to.

There were several causes of death noted on death certificates, most of which related to an existing health condition. A smaller number related to alcohol or drugs. Only one person was sleeping rough at the time of their death.

The provisional figure for the number of deaths in 2023 is currently 7. This is provisional as there can be a delay in formally reporting deaths^{3.4} Themes from Homeless Mortality Reviews:

- Multi-Agency Working – there is evidence that several cases would have benefitted from a Multi-Agency Risk Management (MARM) approach as well as a shared database.
- The MARM process is new in Oxfordshire and more work is needed to ensure that all organisations are accessing the MARM process as often as they could.
- MARM is a multi-agency meeting to discuss a person who does not reach the criteria for a statutory safeguarding enquiry but who is living with risks that are either escalating or are hovering just under the statutory safeguarding criteria. The organisation working with the person will usually have tried all they can working alone so are coming to a multi-agency panel to see if a systemwide solution can be found. One way of promoting the process has been to develop a short briefing for professionals to help them understand the process and when they should use it. This was shared across the partnership in late 2023. The MARM Officer has also conducted team briefings for organisations across the Oxfordshire system. The new database for those experiencing homelessness has been commissioned and is in the early stages of development. This work is being overseen by the Countywide Homelessness Steering Group.

- Flexibility of approach – There is some evidence that the approach to service users lacks flexibility and an expectation of an adherence to organisational policies and procedures. This way of working is often difficult for people who have the level of need seen in those experiencing homelessness. The Countywide Homelessness Strategy Action Plan seeks to develop methods of engagement and support that are better adapted to the people attempting to access the services, with a better appreciation of the complexities for organisations of working with this client group. This work is scheduled to commence in 2024 calling on the expertise of those who have experienced homelessness through the Lived Experience Advisory Forum (LEAF) who are managed through Aspire/Oxford Gatehouse and Oxfordshire Homeless Movement
- Health & Wellbeing – Some people experiencing homelessness are mistrusting of statutory services, which may be the result of past experience with services or a result of mental ill-health. This can be seen in the number of people who decline services for physical or mental health, as well as those that decline to be involved in a safeguarding enquiry. The challenge for organisations is adapting their approach and working collaboratively with workers who have established a good relationship with the person. Every HMR conducted since 2022 has included examples of service users declining services. Building rapport and relationships is important in response to this.
- Support & Supervision – whilst supervision is an established process in many organisations, it is not a universal experience for all workers. There is also the need for organisations supporting a trauma-informed approach to working with clients and how does this look within organisations. Work has already started on developing a multi-agency supervision standards document that will provide the minimum expected standards for supervisory work for agencies in Oxfordshire. In regards to being trauma-informed as organisations, while being trauma-informed is not a new concept, how that translates into being a trauma-informed organisation is still a relatively new area of work and there is currently no national guidance on how this should look at a strategic, systemic level so there will be work undertaken in 2024 to expand upon what we have learnt in 2023 and to inform the development of the trauma-informed response and what it means to be trauma-informed as an organisation and a system.

Oxfordshire Homeless Alliance

4. Oxfordshire County Council leads on commissioning the Oxfordshire Homeless Alliance.

The County Council is the lead commissioner on behalf of the other funding partners: District Councils, City Council and Buckinghamshire, Oxfordshire and West Berkshire Integrated Care System (ICS). It was seen as essential that partners contribute to the pooled annual budget of £3,820,886 (Oxfordshire County Council's annual contribution to this is £940,000).

The alliance is an innovative way of joint working between councils and commissioned organisations. There have been two attempts in the UK to Commission homeless and rough sleeping services using this model, one was in Scotland, which was not successful and the other in Plymouth, which is still going strong.

The alliance group deliver several services. Below is a list of some of these services:

- *Prevention:* Aspire and Connection Support services has worked with more than 1160 people in the last eight months; the work had successfully prevented homelessness and rough sleeping.

The prevention Service provides:

- Support and empower people at risk of homelessness to manage debts & housing arrears.
- Access to benefits
- Access to mental health services and drug and Alcohol services
- Access to long term housing and support with advocacy when working with statutory and other services.
- Support people to link them to the right community services.

Case Study Prevention:

J a gentleman with terminal cancer and confined to his bed was informed about the support the HSS (Housing Support Service) was able to provide, through his landlord – another local housing association, 48 hours before he was due to be evicted by court bailiffs. Again, an application for a stay hearing was submitted and a hearing granted. J was unable to attend, but an HSS worker attended on his behalf and explained that J had run up rent arrears due to his medical condition and his consequent inability to work. The judge overturned the eviction order, and the tenancy was continued.

- *Outreach services:* St Mungo's and Connection Support have worked with more than 600 people, to support those rough sleeping to access emergency housing, access to benefits and health services as well as connecting with other local authorities to refer for those with no local connection to Oxfordshire.
- *Emergency accommodation:* this has been a challenging area as the ability to support people to move on has been limited, however positively 210 people have been housed.
- *Supported accommodation and Housing First:* there are 233 properties across the County.
- *Specialist services:*
 - Women's Project (Oxford City)
 - Survivors of childhood exploitation

- Embedded Housing workers
- Stepdown beds

4.1 The Alliance is moving into their third year in March. In the last two years in addition to the above, they have achieved:

- Strong partnership across all partners including LEAF (an organisation led by people with lived experience), mental health services and Luther Street Surgery as well as the OSAB and the Police.
- Multi agency working approach to managing risks and support individuals.
- Better information sharing and joint data sharing agreement.

The groups current priorities are:

- Reviewing eviction protocols across partners and agreeing on how to reduce evictions and ways to manage risks without resorting to eviction.
- Development of the Alliance workforce and practice sharing.
- Learning & Themes coming out from the Homeless Mortality Reviews and how to embed the learning within the Alliance practise.

The above are examples of substantial progress and excellent services, however there are still challenges facing local authorities, health services as well as all our partner organisations in the homeless services.

These challenges include:

- Limited move on option for people in Emergency accommodation as well as supported accommodations.
- Identifying the root causes leading to homelessness and looking to minimise / prevent them.
- Repeat homelessness occurrences and preventing these.
- High rent and limited access to private rental accommodation.
- Waiting lists for social housing.
- Long wait to access accommodation in the Alliance (currently there are 90 people in the waiting list). Analysis of the waiting list is underway. The lack of move on accommodation is hindering turnover within available accommodation and work to address this and to maximise benefits and access the Private Rented Sector is ongoing.

Systemwide Working

5. Shown below is the ongoing work and commitment to a systemwide approach to transforming the Homeless Pathway and strategies to address this key area of work and to help and support some of the most vulnerable members of society

Health and Hospitals

5.1 The Oxfordshire Out of Hospital Care Model (OOHCM) has been operating since February 2021. Working with adults experiencing homelessness, its core aims are to:

- Prevent discharges from hospital to rough sleeping and associated readmissions;
- Avoid hospital attendance and (re)admissions (where health, care and support needs can be better met in the community);
- Improve access to mainstream services and reduce health, housing and care inequalities for people with multiple and complex needs;
- Support an improvement in an individual's health and wellbeing; and
- Prevent rough sleeping and homelessness.

OOHCM was developed in partnership between Oxford City Council, Oxford Health NHS Foundation Trust and Oxfordshire County Council (Adult Social Care) and an integrated approach has been integral from the outset.

The current model is comprised of:

- Twenty-Seven Step Down beds - Discharge to Assess (D2A) Pathway 2, intermediate care. To support safe, planned and timely discharges from acute general and mental health hospitals across Oxfordshire. Some elements of 24/7 service.
- Seven Step Up beds - an innovative scheme whose purpose is to prevent hospital admissions (where a person's needs can be better met in the community) and respond to crisis (e.g. eviction and rough sleeping). Admissions seven days a week.
- Two Housing Options Officers and two Housing Workers, embedded within the acute general and mental health hospitals. To identify patients where homelessness is a factor, generate housing options and plan safe, timely discharges from hospital.
- A clinical team of two Social Workers, two Psychologists, one Occupational Therapist and one Mental Health Practitioner. This team also delivers the principles of Discharge to Assess D2A in our Step-Down service - ensuring the needs of all service users are assessed over the course of their stay.
- Six Mental Health Support Workers, one embedded within the acute mental health wards. This team offers skilled, practical and ongoing support to people

being discharged from mental health hospitals into accommodation. Their purpose is to ensure that discharges are safe and successful, enabling people to live settled lives in a community setting, breaking cycles of readmission.

- One Dual Diagnosis Support Worker. Taking referrals from inpatient wards and Emergency Departments, the purpose of this role is to bridge the gap between hospital and community substance and mental health services, increasing patient engagement with treatment in the community and reducing High Intensity Use of hospitals and unnecessary readmissions.

The OOHCM has demonstrated the benefits of an integrated approach and system working. It is a flexible, agile model that is able bring together a range of professionals from across the wider system to deliver a joined-up service, where it is needed, when it is needed. This co-ordination of efforts has:

- Removed barriers of access to mainstream services, reducing health and other inequalities;
- Facilitated timely, sustained discharges from hospitals, with robust D2A protocols, which are in turn leading to improved engagement with community services and a reduction in hospital presentations, re-admissions, and rough sleeping;
- Increased efficiencies, minimised duplication, and improved communication across services;
- Built strong relationships and partnership working between health, care, and other system partners;
- Most importantly, improved the outcomes for some of the most vulnerable, excluded, and disadvantaged people in our society.

The OOHCM serves as a space for dialogue and learning between partners and nurtures an environment of coproduction and shared accountability. We have seen:

- Co-commissioning of services and housing strategies - e.g. the allocation of funding resources and recruitment of additional clinical roles;
- Improved dialogue and shared decision making, risk management and accountability between system partners - cases where boundaries have been flexed to enable complicated discharges and prevent evictions;
- New partnerships and new ways of working - e.g. ongoing in-reach into care homes to provide assurance and support a successful transition from rough sleeping with active substance users.

5.2 What is a good outcome? S's story:

S is a young woman who was referred to the OOHC team in 2022. There was severe trauma present - S was the victim of historic and current sexual abuse and serious physical violence;

She was 6 months pregnant, had children already in care, was alcohol dependant, reliant on heroin and was also wanted by police for assault. This combination of varied factors potentially posed a high risk to life of S and her unborn child. The OOHC team led an integrated, system-wide response of flexible, intensive, and sustained support, working with partners in Children's Social Care, Turning Point, Homeless Oxfordshire, Police, Probation, Hospital and Mental Health to coordinate efforts. Thorough consideration was given to all legal frameworks – Protection of child vs Promotion of rights and autonomy.

S's baby was born in hospital without complications and placed with S's sister rather than going into care;

With support from OOHC team and partners, S positively has:

Re-connected with her family
Has regular contact and is bonding with her child
Has been clean from substances for 4 months
Continues to engage with the OOHC Step Up team
Has started in education and training and is looking to join a college course.
Been accepted for her own flat with Housing First

In their recently published 'The Unhealthy State of Homelessness', the above case study was used by Homeless Link as an example of good practice around developing new ways to improve the health outcomes of vulnerable people.

5.3 Performance Data

April 2021 – October 2023

And * = Apr '21 – Dec '22

- Approximately 450 planned discharges from hospital (53% from Mental Health wards)
- Average length of stay in Step Down 29 days '21-22, now up to 60 due to increased demand, more complex admissions, and lack of housing options.
- 13% of people in Step Down rough sleeping prior to hospital (26/199); only one person returned to rough sleeping
- 50 people at risk of eviction supported to maintain their accommodation*
- 44 people supported to engage with services in the community – breaking cycle of hospital readmission*

Hospital data*

- 24% reduction in emergency admissions
- 56% reduction in presentations to Emergency Department
- 155% increase in Outpatient visits

Plans for the OOHC in the future:

- Clinical roles moving to Primary Care Mental Health team (with office base)
- Procurement of Step Down, Step Up and Embedded Mental Health Services
- Oxfordshire to lead on joint venture with the London School of Economics (LSE)
- Dynamic Database: A service/contract/performance management tool that will enable benchmarking nationwide
- Service management and strategic commissioning
- Review and shape the OOHCT model based on project evaluation:
- Storytelling – qualitative, experience (alongside economic/outcome data)
- Discreet Choice Evaluation
- Longer-term outcomes
- Embed in system
- A way of working (Linked to MEAM)
- Secure system-wide, sustainable funding beyond 2025 – business as usual

Safeguarding Safeguarding is protecting a person's rights to live in safety and free from abuse and neglect. Safeguarding the residents of Oxfordshire who are unable to protect themselves from the experience of the abuse is at the core of the work that is undertaken by officers of the local authority.

Social Workers in the specialist Adult Safeguarding team receive the safeguarding concerns and determine whether a concern is progressed through to a safeguarding enquiry, known as a S42 enquiry from Section 42 of The Care Act 2014 (the statutory duty to conduct an enquiry when certain criteria are met). During the process, making safeguarding personal is embedded ensuring that the person's views are heard and that all work is undertaken in partnership with them and with agencies where the person is known. In relation to the homeless community, this means working with organisations that make up the Homeless Alliance of services in Oxfordshire as they are often best placed to understand the individual and have had the time needed to build a relationship and rapport with the person.

The social workers in the Safeguarding team keep informed of the latest research and best practice for working with homeless people, such as accessing the resources made available by King's College London in their Homelessness Series of events, and have recently welcomed back one of the team who was seconded to the Out of Hospital Care Team Project, who has built up a wealth of direct experience working with homeless individuals and has been able to bring that back to the team to share their learning.

Making Every Adult Matter (MEAM)

Making Every Adult Matter (MEAM) provides a framework to enable local areas to evaluate their processes, identify gaps and design / deliver more coordinated, integrated, and effective services specifically for homeless individuals.

Through MEAM we aim to:

- Achieve a shift of culture across services and at all levels of the organisations, changing the emphasis from 'doing to' to 'working with' people facing multiple

exclusions, barriers and inequalities around homelessness - placing the needs and wishes of the individual firmly at the centre of the conversation;

- Identify and overcome barriers of access to services and accommodation for people experiencing multiple exclusion homelessness, for example because of a dual diagnosis, Neurodiversity, or complex trauma;
- Promote and facilitate a greater integration of services and improved partnership working, with a sharing of resources, accountability, and risk = we deliver together;
- Gather, maintain and analyse a range of data and evidence to inform smart, integrated, and effective commissioning of local services for homelessness and accommodation and to influence national policy;
- Create a safe and constructive environment which will enable us to come together as a system, look at how we work and ask challenging questions of ourselves, such as: What are we trying to achieve? What are our values? What does success / failure look like in each case? In the process, we hope to build up system resilience and improve the wellbeing of workers across services.
- Generate positive outcomes with the initial MEAM cohort and capture lessons learned to embed changes in how we work as a system.

Oxfordshire has employed a full time MEAM Coordinator, hosted by the OOHCM, whose job it is to capture and present all learning and to work with system partners to generate positive outcomes for a specific cohort of people.

- There are examples of collaborative, joined up working between statutory and non-statutory services in cases that had previously reached 'stalemate', leading to:
 - Positive outcomes for the individual; e.g. two people recently housed with appropriate care/support who had spent years within the homelessness system/being evicted/in and out of hospital
 - Better working relationships between system partners - less "them and us" and more shared accountability
 - Evidence gathered of what works and how a different approach can benefit everyone - opportunities for systemic changes
- Identification of gaps in provision which are informing commissioning decisions; e.g. MH supported housing and services

There has been a positive response to MEAM from partners, with a robust structure of governance in place - including reports to the Prevention of Homelessness Directors Group (PHDG) and the Countywide Housing Steering Group (CHSG) - which ensures that identified learning, systemic gaps and barriers and requests for system flex to processes and procedures are heard at the appropriate level.

Financial Implications

6. There are no financial implications as this is currently fully funded.

Legal Implications

7. There are no legal implications in the report, which is for noting.

Comments checked by:

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Staff Implications

8. There are no staff implications at present as the posts are part of the establishment.

Annex 1 Structure of meetings diagram

Background papers: Nil

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