

To: Members of the Health Improvement Partnership Board

## ***Notice of a Meeting of the Health Improvement Partnership Board***

**Monday, 20 October 2014 at 9.30 am**

**Four Pillars Oxford Spires Hotel, Oxford**



Peter G. Clark  
County Solicitor

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### **Membership**

Chairman – District Councillor Mark Booty  
Vice Chairman - City Councillor Ed Turner

#### *Board Members:*

Cllr Anna Badcock	South Oxfordshire District Council
Ian Davies	Cherwell & South Northants District Council
Dave Etheridge	Chief Fire Officer & Head of Community Safety
Cllr Hilary Hibbert-Biles	OCC – Cabinet Member for Public Health & Voluntary Sector
Paul McGough	Public Involvement Network
Dr Jonathan McWilliam	Director of Public Health
Dr Paul Park	Oxfordshire Clinical Commissioning Group
Cllr G.A. Reynolds	Cherwell District Council
Aziza Shafique	Public Involvement Network
Cllr Alison Thomson	Vale of White Horse District Council
Jackie Wilderspin	Assistant Director for Public Health

#### **Notes:**

- **Date of next meeting: 27 November 2014**

## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

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The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

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The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

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### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

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**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.**

# AGENDA

## 1. Agenda

### Response to housing-related support consultation and next steps

9.30 am	<b>Welcome by Chairman, District Councillor Mark Booty</b> Apologies for Absence and Temporary Appointments Declarations of Interest – see guidance notes attached Petitions and Public Address
9.40 am	<b>Housing Related Support Consultation Report – Introduction and discussion</b>  Natalia Lachkou, Interim Commissioning Lead for Younger Adults
10 am	<b>2 - Housing related support services in Oxfordshire: Proposed way forward following the consultation – Introduction, discussion and decision</b>  Natalia Lachkou, Interim Commissioning Lead for Younger Adults
10.45 am	<b>Decision on recommendation to the Health and Wellbeing Board</b>
10.50 am	<b>Next steps and close</b>

### Housing Related Support Consultation Report - Introduction and discussion (Pages 1 - 14)

**9.40 am Housing Related Support Consultation Report – Introduction and discussion**

Natalia Lachkou, Interim Commissioning Lead for Younger Adults

### Housing related support services in Oxfordshire - Introduction, discussion and decision (Pages 15 - 26)

**10 am Housing related support services in Oxfordshire: Proposed way forward following the consultation – Introduction, discussion and decision**

Natalia Lachkou, Interim Commissioning Lead for Younger Adults

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## Housing Related Support Consultation Report - October 2014

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## **1. Introduction**

This report outlines the methods and findings of the Housing Related Support consultation.

### **1.1 Purpose of the consultation**

Oxfordshire County Council consulted on proposals for implementing the reduction of funding for Housing Related Support services for homeless people, those misusing substances and women at risk of domestic abuse in Oxfordshire.

### **1.2 Timescale**

The consultation was open from 26 June - 17 September 2014.

## **2. Methods**

A range of methods were used to engage people in this consultation:

- Meetings with service users, providers, partners and stakeholders. Meetings were held in each Housing Related Support service and all providers attended Provider Forums. (Appendix 1 and 2).
- An Oxfordshire County Council online survey was open to the public.
- An email (with reminders) was sent to interested stakeholders, (e.g. providers, voluntary and community organisations, health and other partners, elected members and district and city colleagues) inviting participation and requesting dissemination of the survey link.
- Information sheets for service users and key workers were distributed to Housing Related Support services with the consultation documents, questionnaires and freepost envelopes. Posters were provided to services for publicising local meetings.

## **3. Participation in / response to consultation**

### **3.1 Service user meetings**

Pre consultation meetings were held with the Supporting People User Group.

17 meetings were held in total - 11 in existing services/hostels, 4 general consultation meetings which were open to people from any Housing Related Support service and 2 Supporting People User Group meetings.

Most people participated in group meetings apart from some domestic abuse service users who requested individual meetings. Overall, 67 service users attended these meetings.

The Supporting People User Group members attended the meetings to assist with facilitating the discussion.

Supporting People User Group members were invited to 2 separate meetings to give their views.

Participants included men and women, people from black and minority ethnic groups and those with disabilities. With the exception of those from domestic abuse services, the majority of participants were white male.

### **3.2 Provider participation**

Pre-consultation meetings were held with providers and stakeholders (Consultation Timetable, Appendix 2).

20 Connection Floating Support staff held a consultation meeting.

The Offenders Housing Group convened a meeting.

Two provider forums were held during the consultation period:

- 20 participants from all 5 local providers, Oxfordshire County Council senior managers, frontline managers and support staff attended a county provider event.
- 26 participants from 17 providers attended a national provider event in Oxfordshire.
- County, City and District representatives were at both events.

4 out of 5 providers submitted a detailed response.

Domestic abuse and Floating Support case studies were submitted.

The consultation was discussed at the Oxfordshire Domestic Abuse Services Open Day.

### **3.3 Partner participation**

The Districts, City, Oxfordshire Clinical Commissioning Group, Public Health and Community Safety, Police and Probation colleagues were involved in developing the proposal. Most of these also, attended the provider events and submitted formal responses.

The offender housing group includes districts, providers, police and probation representation.

All City and District councils and Oxfordshire Clinical Commissioning Group submitted a detailed response.

### **3.4 Other stakeholder responses**

The Offenders Housing Group submitted a response.

### **3.5 Survey responses**

78 responses have been made to the questionnaire (online/postal). This number includes most responses from providers and partners.

958 people viewed the consultation webpage.

The highest number of responses was to the question on Domestic Abuse services (Appendix 3).

45% (n=32) of respondents were members of the public. Other respondents were provider representatives or staff, representatives from voluntary and community organisations, service users, city or district representatives or employees, carers, partners elected members, User-led organisations. (Appendix 3).

## **4. Findings**

These findings combine responses from all methods of data collection - online and postal surveys, meetings, interviews and written submissions.

The online survey as well the consultation meetings collected qualitative data. The prevailing themes have been drawn out through thematic analysis. Three team members participated in the analysis and reached an agreement on findings.

### **4.1 Key themes**

Overall the responses were not supportive of the proposals. The key cross-cutting themes are outlined below. Many suggestions for improvements were made which are also included.

#### **4.1.1 Prevention**

- The proposals may mean that more people have a housing, safeguarding or health crisis. For example, there may be increased risks to individuals (e.g. death, ill health, substance misuse, violence, homelessness) and longer term costs to society (e.g. to health, police, adult social care etc.).

#### **4.1.2 Independence**

- It was perceived that reduced support will mean that more people will be made homeless and less people will be able to move on.
- Practical support is needed to achieve independence, for example, in terms of help obtaining employment and managing a tenancy, particularly in the light of the introduction of universal credit.



- The need for people to make a contribution was emphasised (e.g. through employment, voluntary work, education and doing cleaning or gardening around the project).

#### 4.1.3 **Impact on women, children and those from BME groups**

- There were many comments about the high percentage of the Domestic Abuse services reduction in funding and the impact on women, pregnant women, children, those from black and minority ethnic groups and those with a disability.
- There was concern that reduction in Floating Support also impacts on the above groups as Floating Support has a more diverse client group than the hostels.

#### 4.1.4 **Staff/providers**

It was considered that:

- There is the need for skilled, experienced, high quality staff to deliver outcomes.
- Lower wages may be an option but staff quality, motivation and retention are likely to be affected, particularly given Oxfordshire's high cost of living.
- Staff should be paid a living wage.
- *"Enable provider to have flexibility in recruiting role to enable specific outcomes to be met."* (National Provider event).
- Commissioning on an hourly support rate: *"Outcomes need to be considered as opposed to specifying hours otherwise there is less flexibility for providers to look at innovative models/alternative ways of delivering services"* (Local Provider event).

#### 4.1.5 **A person-centred, flexible approach**

The views expressed in the consultation indicate that:

- A person centred approach will deliver the best outcomes with flexibility around support provided.
- Definitions are needed of complex needs and low, medium and high level needs.
- Support packages need to be reviewed regularly to ensure people are not receiving too much/little support.
- There were concerns about reduction in 1-1 work and increased group work while recognition of potential cost savings. Group work raises childcare issues, accessibility and high staff skill/cost. 1: 1 is best for people who live in rural areas, are disabled, are traumatised, have complex needs, early on in recovery.
- *"Client needs will vary. Flexibility around lengths of stay for clients - recognition that two years is okay as some will need this and others won't. Clients need to be dealt with on an individual basis."* (Local Provider event)
- Key worker approach to coordinating support and getting the right support in at the right time.

#### 4.1.6 **Level of need**

- It was perceived that there is too great a focus (now and in the proposals) on services for people with high end needs and not enough on services for those who are further into their recovery journey. *(Service user comments)*.

- *If you close Osney, it will have a bad effect on those people who are more likely to get their lives together (and these are) the people who support others trying to recover.*" (Osney Court service user meeting).
- Too many people lower down the system go in and out of services which is a waste of money and the bed spaces could be used for others: *"A lot of people using the system are in a cycle of addiction and do not have the drive or motivation to recover."* (Supporting People User Group meeting).

#### 4.1.7 **Pace/timescale of reductions**

- It was felt that an implementation date of April 2015 is a very short timetable.
- Evidence from the impact arising from the first year reductions should inform the second year reductions.
- Reductions should be made slowly so that people can adjust to the changes with less detrimental impact.

#### 4.1.8 **Partnership working**

- A suggestion was made that an opportunity for integrated commissioning across the health, social care and supported housing systems has been missed
- There is a need for greater partnership, communication and multi-disciplinary team working with other agencies and partners such as health (especially mental health expertise), voluntary sector, City and Districts, benefit and social services, substance misuse, family and friends.
- Better liaison between Housing Related Support services e.g. Floating Support services and hostels in order that people are supported as they move on.
- Collaboration between housing providers can be successful.

#### 4.1.9 **Suggestions for savings**

- Lower paid admin staff could be employed to free up key worker time, resulting in fewer key workers but more focused direct client support.
- Reduction in bureaucracy and paperwork.
- Improve targeting: *"I think targeting can still be improved so less time is wasted on inappropriate referrals"* (Online survey).
- Financial input should be made from Adult Social Care, the police and probation.
- As the Domestic Abuse services reduction in funding will potentially impact on children, the council should explore the possibility of funding coming, in part, from Childrens Services.
- Clients help with cleaning and gardening.
- Integrated commissioning across the health, social care and supported housing systems may lead to opportunities for savings across these systems.

#### 4.2 **Detailed responses to proposal questions**

With the exception of the questions on principles and outcomes, most responses were not in favour of the proposals.

#### 4.2.1 **Principles and outcomes**

- Overall, there was a good level of support for the principles and outcomes with suggestions for additions. (Appendix 4)
- Some concerns were raised about how achievable or realistic the outcomes are - it is important that every step in the right direction is recognised and built upon and to consider incentives to keep people moving through the system.
- Debate about whether outcomes should be a tool, and whether they are measurable.

#### 4.2.2 **Hostels**

- Overall, participants did not support this aspect of the proposal. However, there was support for maintaining the bed spaces at O'Hanlon and the creation of a new Assessment Centre.
- Clarity around assessment centre - what it involves, how is it paid for, opening hours?
- There were concerns that lower staff costs will result in reduced quality, retention and motivation - staff should be given a living wage, taking in account Oxfordshire living costs.

It was considered that:

- Reduction in support should be spread over all the hostels not just two.
- Support needs to focus on move on and preparation for living independently – reduction in support could put this in jeopardy.
- There needs to be greater flexibility of support - for example, short term support and reduced support when ready to move on.
- Buildings are needed for ensuring people are safe and for achieving the desired outcomes - the need is increasing rather than decreasing.
- Direct access to hostel beds is important so that people can access the Homeless Pathway.
- There is a low level of confidence in the No Second Night Out scheme.

#### 4.2.3 **Move on accommodation**

- Overall, participants did not support this aspect of the proposal.
- There was support for retaining the emergency beds, but concern over the small number of these beds.
- Beds with no support while awaiting a tenancy - some service users voiced support for this principle. *"I feel I had more support than I needed for about 4 months when I was ready to move on"* (Julian Housing meeting).
- Less support would result in less people being able to move on.
- There are external factors that are obstacles to independence especially the cost of rented accommodation in Oxford and benefit reductions when working.
- Concerns about the risk of reducing support, not just to individuals but to the communities they live in and the impact on other services.

- The importance of the City and Districts councils engaging with services was mentioned.
- Suggestion that Move on should be further cut in order to reduce reduction in Domestic Abuse services because *"Move on Accommodation is the second or third stage of the Homelessness Pathway, whereas the proposal aims to cut First Stage response to Domestic Abuse Services"*. (Online consultation - Provider).
- *Commission pathway services that look to providers for innovation around move on*" (National Provider Forum)

#### 4.2.4 **Community Floating Support**

- Overall, participants did not support this aspect of the proposal.
- It was felt that floating support prevents people from needing additional support and impacting on other services.
- Suggestion that Floating Support could be used instead of support attached to accommodation.
- Outreach / access value of Floating Support, particularly in rural areas and for people with mobility issues. *"A lot of these people don't engage. The people I work with (21 people) would become homeless without my support...these people can't manage their finances. I see people who are housebound, who aren't engaged and need care and visits to stop things going wrong."* (Floating Support Connection staff meeting)
- *"If a worker didn't come and see me, I wouldn't be here now"*. (Floating support service user).
- Lack of clarity about "innovative new models of support" for Floating Support.
- Concern about reduction of 1:1 support both in Floating Support and Domestic Abuse services. *"Key workers provide 1:1 support - really sorted me out on a personal basis"*.

#### 4.2.5 **Substance Misuse services**

- Overall, participants did not support this aspect of the proposal.
- There was concern about the impact on individuals - increased substance misuse and on others (increased crime, domestic violence, anti-social behaviour and increased impact on other services).
- Concern about closure of Osney court from service users who had used it and helped them *"get their lives back together"*.

#### 4.2.6 **Domestic Abuse**

- Overall, participants did not support this aspect of the proposal.
- Concern about the proposal for a 40% reduction prior to a review.
- There were many comments about the high percentage of the Domestic Abuse service reduction in funding and the impact on women and children.
- The local helpline is highly valued and the national helpline does not provide the same level of service. *"Think twice about cutting the helpline because people will die"* (Banbury Refuge Meeting).
- Concerns about children including their long term outcomes. *"The children are very settled - moving from here is scary... they have gone from somewhere"*

*unpleasant to here where they are sleeping, eating. They are happy and settled.*  
(Oxford Refuge Meeting).

#### 4.4.7 **The balance**

- The funding reduction for move on accommodation and unsupported beds should be increased, and the reduction in funding for domestic abuse services and Floating Support should be less.
- Floating Support could pick up the reduced funding for support.
- Keep the capacity at West Oxfordshire and increase Cherwell funding by 61K instead of 100K, allowing Cherwell to use capacity at West Oxfordshire when available or by priority.
- It was felt that services are disproportionately focused in Oxford.

#### 4.4.8 **Social and Community Impact Assessment**

- Comments on the Social and Community Impact Assessment as part of the consultation identified potential impacts for women, children, those from black and minority ethnic groups and those with a disability.

## **Appendix 1: Service user meetings**

<b>Date</b>	<b>Venue</b>	<b>Meeting</b>	<b>Number of Attendees</b>
04.7.14	County Hall	Supporting People User Group Consultation meeting	8 Supporting People User Group members
22.7.14	Oxford Refuge	Oxford Refuge Consultation Meeting	4 x Individuals
22.7.14	Oxford Refuge	Oxford Refuge Consultation Meeting	1 x Individual Meeting
23.7.14	County Hall	Oxford General Consultation Meeting	0
23.7.14	Didcot Refuge	Didcot Refuge Consultation Meeting	4 women (3 white, 1 Asian)
24.7.14	Banbury Refuge	Banbury Refuge Consultation Meeting	Group meeting -3 4 x individual meetings
29.7.14	Osney Court	Osney Court Consultation Meeting	2 White Males
30.7.14	St Mary's Centre Banbury	Banbury General Consultation Meeting	1 Female, 2 Male
31.7.14	Simon House	Simon House Consultation Meeting with Service Users	0
31.7.31	Lucy Faithful	Lucy Faithful Consultation Meeting with Service Users	3 males
1.8.14	Bicester Salvation Army?	Bicester General Consultation Meeting	9 Service Users + 3 Volunteers
5.8.14	Project 195	Project 195 Consultation Meeting	1 Group session with 4 Males
6.8.14	County Hall	Oxford General Consultation Meeting	2 Males
7.8.14	Connection Floating Support	Connection - Meeting with Staff followed by Service User Meeting	9 Service Users
14.8.14	Julian Housing	Julian Housing Consultation Meeting with Service Users	1 Male
21.8.14	O'Hanlon House	O'Hanlon Consultation Meeting with Service Users	8 Service Users
9.9.14	Speedwell House	Supporting People User Group Consultation meeting	10 Supporting People User Group members

## **Appendix 2: Consultation timetable - Housing Related Support Services**

<b>Activity</b>	<b>Deadline</b>
<b>Pre-consultation</b>	
Pre-consultation meetings with providers	9 - 19 June
Service user meeting - Supporting People User Group	16 June
Meeting with the Housing and Homelessness Group (Oxfordshire stakeholders)	18 June
Provider forum for Housing Related Support services	19 June
<b>12 week public consultation from 26 June to 17 September 2014</b>	
Online questionnaire live	26 June 2014
Email to stakeholders with web link	25 June
Distribution of Key worker and Service User Information Sheets to services via providers	From 30 June
Supporting People User Group consultation meeting	July
Service user consultation meetings - in Oxford, Banbury and Bicester	July- August
Service user consultation meetings based in services - at least 3 in Oxford and others by invitation	July- August
Stakeholder consultation event - Oxfordshire providers and local stakeholders	Early July
Market Engagement Event - All providers	Late July
Reminder email about consultation	July
Consultation closes	17 September
Decision making at Oxfordshire Health Improvement Board and Oxfordshire Health and Well Being Board	25 September Autumn 2014



## **Appendix 3: Online responses and demographics**

### **Online responses**

<b>Question</b>	<b>Number of responses</b>
Principles for commissioning	58
Proposed outcomes for service users	55
Hostels	53
Move on accommodation	47
Community Floating Support	50
Substance misuse	43
Domestic abuse	69
The balance	56
Further comments	29
Social and Community Impact Assessment	35

### **Demographics of online responses**

**Number of responses: 78**

#### **Type of respondent:**

45% (n=32) of respondents were members of the public.

30% (n=21) were providers or staff working for providers.

14% (n=10) were representatives from voluntary and community organisations.

14% (n=10) were service users.

11% (n=8) were city or district representatives or employees.

Other respondents were carers, partners (e.g. health service), elected members, User-led organisations.

#### **Area:**

Respondents were from all areas of Oxfordshire, with the largest response from Oxford City.

**Gender:** 71% (n=50) are female and 24% (n=17) are male.

**Age:** The age range of respondents was from 19-84 years, the largest category of respondent is between 35-44 years.

**Ethnicity:** 84% (n=59) were "White British". Two respondents were "Asian or Asian British", one was "Mixed".

**Disability:** 10 respondents report that they have a disability.

NB. The numbers above do not add up to total number of responses as not everyone completed demographic information.



## **Appendix 4 - Suggested additions/changes to outcomes**

- Debate about whether outcomes are a tool or a measure. *"Outcomes star probably does the job well. It recognises varying needs and abilities and covers the right areas"* (National Provider event).
- Importance of independence /reduced dependency - training, employment support, physical activities, doing chores, lead in addressing their health needs (but how realistic with very vulnerable people).
- Importance of high quality staff to deliver outcomes.
- Need to identify best providers who are delivering outcomes successfully.
- Suggested outcomes to be included:
  - Ability to be a good tenant and maintain a tenancy
  - Budgeting, debt and arrears management
  - Lack of anti-social behaviour
  - Engaging with support when needing it.
  - Good neighbour agreements
  - Less deaths
  - Damage to health and overdose incidents
  - People staying with service.
  - Preventing homelessness
  - Personalised support
  - Make positive relationships (not necessarily with family and friends)
  - Good outcomes for children need to be emphasised.

## **Appendix 5 - Media coverage**

Two radio interviews, broadcast on the consultation launch day, both of which were positive: BBC Radio Oxford & Jack FM both concentrated on the proposal meaning that the Oxford hostels would stay open.

There have been two Oxford Mail stories so far, which are both negative: [this story was published](#) on the day of the consultation launch and [this one](#) from 2 July is specifically to do with funding for services for people who experience domestic abuse.

There was a follow-up story on 22 July with the Oxford Mail following a meeting of the Oxfordshire Safer Communities Partnership. One of the items was to do with domestic abuse and Romy Briant, chairman of the Independent Domestic Violence Advice Service, spoke at the meeting and the Housing Related Support consultation came up.

On 24<sup>th</sup> September, there was an [Oxford Mail story](#) about domestic abuse cuts. Article on 2.7.14 in Adjacent Digital Politics Ltd on the consultation relating to domestic abuse "Council may cut funding for abuse helpline."

**Report for Health Improvement Board on 20 October 2014**

**Housing related support services in Oxfordshire:**

**Proposed way forward following the consultation**

**Author: Natalia Lachkou, Interim Commissioning Lead for Younger Adults**

**Date: 14 October 2014**

**For discussion and decision**

## **Recommendation**

The Health Improvement Board members are asked to consider the proposed way forward following the consultation about housing related support services set out in this paper and recommend this proposed way forward for approval to the Health and Wellbeing Board on 13 November 2014 and final sign off by the County Council Cabinet on 16 December 2014.

## **Introduction**

Housing related support services have largely been protected from cuts for the past four years, but the scale of financial challenge facing the County Council now has required action to be taken to reduce the budget by 38% in line with the actual funding available.

On 29 May 2014 the members of the Health Improvement Board agreed a proposal for how to implement the reduction of funding for housing related support services to go forward to consultation with other stakeholders.

This report outlines the findings from the public consultation that ran from 26 June to 17 September and sets out the proposed way forward following that consultation.

## **Background: What are we trying to achieve?**

Given the complexity of the funding mechanisms in this area, and the interplay with district council housing responsibilities, substantial discussion took place with both housing officers and the county Chief Executive' and Leaders' groups prior to any formal external consultation.

Whilst district colleagues were unhappy at the proposed reductions they understand the scale of financial problems facing the county and after some debate and amendment, agreed on a set of principles which have guided our recent process. We believe that this has allowed us to put forward a realistic way through a very complex issue.

The agreed principles allow us to:

- Keep all hostels open
- Retain a pathway for single homeless people in Oxford City
- Retain complex needs service with access from across the county
- Retain community floating support across the county
- Increase accommodation based services outside Oxford city and particular in Banbury.

We said from the outset that these proposals would be challenging and difficult to implement. Results of this consultation confirm our view. However, they are achievable ***with some additional help from the county council*** and we are proposing to smooth the process by making available an additional £400k from Public Health funding and phasing the overall reduction in funding over two years.

In addition, it is clear that further work is required in relation to Domestic Violence services and these will be reviewed separately over the next year prior to any final decisions being taken about changes to current services.

### **Consultation responses**

Overall, most responses were not in favour of the proposals. Alongside this overall view, there was good level of support for the proposals on principles and outcomes, and some support for specific elements of the proposed distribution of funding or of how future services could be commissioned and provided.

As part of this consultation we have identified a number of suggestions that we believe would make the original proposals more robust and flexible. Therefore we are proposing to make some changes to the original proposals, as set out in more detail in the rest of this paper.

In addition, this consultation provided a wealth of information and case studies to evidence potential impact of these proposals on vulnerable people, in particular on women and children, those from BME groups, or those with a disability. We welcome this robust contribution to the impact assessment process and will be revising the associated Social and Community Impact Assessment in November 2014.

### **Proposed Way Forward**

The County Council believes that this core set of proposals should go ahead as they allow us to implement the required reduction in funding whilst keeping all hostels open in Oxford, retain a range of services across the county for people with different levels of need, and increase access to local services outside of Oxford, in particular in Banbury.

*For discussion:*

- *Do you agree with this proposed way forward?*

## Next steps

Following today discussion at the Health Improvement Board the final reports would be submitted for approval to the Health and Wellbeing Board on 13 November and subsequent final sign off by the County Council Cabinet on 16 December 2014.

At the same time work is taking place within the joint-commissioning team to prepare for the implementation of the proposals, subject to final approval. This includes work to negotiate extensions on a sub-set of housing related support contracts that otherwise will expire on 31 January 2015, so that the end of these services can be aligned to the timeline for commissioning new services.

## Detailed responses to consultation proposal

This section of the report first summarises the original proposal for each service area, secondly provides detailed responses received during consultation for that service area and finally suggests whether the proposal should be revised and how.

### **1 Principles and outcomes**

*The original proposal contained principles and outcomes for future housing related support services listed in the table below.*

The commissioning principles we are proposing are:

- 1) Housing related support helps people to live independently and complements the delivery of statutory duties.
- 2) Housing related support funding should pay for support services, not 'bricks and mortar'.
- 3) Accommodation and building related costs should be paid for through housing funding streams such as rent, housing benefit and service charges.
- 4) There is a need for emergency accommodation across the county to prevent rough sleeping.
- 5) Support provided should meet a range of high to medium to low levels of needs.
- 6) Support provided should offer best value for money.

Proposed overarching outcomes:

- Economic wellbeing
- Enjoy and achieve
- Be healthy
- Stay safe
- Make a positive contribution

### *Consultation responses*

Overall, there was a good level of support for the proposed principles and outcomes with a number of constructive suggestions for additions. We welcome this support and will take these suggestions into account when we commission future services.

### **To be revised in response to consultation? Yes.**

#### *Proposed changes:*

These principles and outcomes will be revised to take into account a number of suggestions we received. Following these revisions we expect the principles and outcomes to remain broadly the same.

Specific measures will be revised to add additional suggested measures, for example around management of arrears and other types of debt, reducing antisocial behaviour and taking up volunteering.

#### *For discussion:*

- *Do you agree with these proposed changes to principles and outcomes?*

## **2 Hostels**

*The original proposal for this service area is set out in the table below.*

1. The first part of the proposal for hostels does not contribute to the savings. It is proposed to maintain the 56 bed spaces at O'Hanlon House and to create a new Assessment Centre. This will further reduce rough sleeping and be the entry point into the pathway of support services.
2. It is proposed to reduce funding for hostel-based support from £1.5m in 2014/15 to £1.1m in 2015/16. This is a proposed reduction of £450k or 28%.

It is proposed that this reduction in funding is achieved by:

- Commissioning support at a reduced cost of £18 per hour (support is currently paid for at between £18.50 and £25 per hour. Nationally the average cost of home support is £15 per hour)
- Reducing intensity of support at Simon House and Lucy Faithful House, with 23 bed spaces no longer having support attached

3. To make the changes from 2015/16

## *Consultation responses*

There was a good level of support for using £18 per hour of support as a benchmark for commissioning housing related support in Oxfordshire. We have listened to a debate whether this figure should be used as a benchmark for future procurement or as a flat rate. Providers in particular expressed concerns over using this figure as a cap, as this may lead to some bidders undercutting others on price alone and providing poor quality unsustainable services as a result. It has also been suggested by a number of stakeholders that we should require providers as a matter of policy to pay a living wage to ensure business sustainability and high retention of local staff. We will take these issues into consideration when we commission these services. However, it is important to note that we do not require adult social care providers to pay the living wage when we commission those services.

There was support for retaining the O'Hanlon House beds spaces and the creation of an Assessment Centre.

With regard to reducing the intensity of support at hostels, overall, participants did not support this proposal. At the same time their comments contain a range of valuable suggestions about how to make future services more flexible, responsive to need and effective. We will take these suggestions into account when we design and commission future services.

In particular, we will retain the proposal to fund three emergency access beds (one in South and Vale, one in West and one in Cherwell) and to create an assessment centre as an entry to the pathway of services for homeless people, located at O'Hanlon House. We propose that this assessment centre has a larger capacity than the current seven No Second Night Out beds. We believe that together these changes would allow us to better meet the needs of street homeless people and are not supporting the view that direct access to hostels is a better solution. We, together with our housing authority partners, are committed to keeping the current No Second Night Out Policy under review and would seek opportunities to make it work better as we design and commission future services.

With respect to the proposal to create 23 'no support' beds in Simon House and Lucy Faithful House we have listened to the debate with providers and partners about how these may work in practice and are proposing to change this proposal. We will retain the reduction in funding for hostels the same, but are instead proposing to commission these beds with low level of support. This will allow us to retain all existing units of accommodation and sustain access to intensive housing management funding and move on options.

Alongside this proposal, we plan to commission future services in a more flexible way focusing on the number of people supported, their level of need and outcomes to be delivered. Under this type of arrangement, providers would have more flexibility over how to deliver their services and manage fluctuating support needs over time in

a more person-centred way - something both providers and service users have asked for as part of this consultation.

**To be revised in response to consultation? Yes.**

*Proposed changes:*

- We will commission an assessment centre that has a larger capacity than the current seven No Second Night Out beds.
- We will work with our housing authority partners to keep the No Second Night Out policy under review.
- We will reduce intensity of support at Simon House and Lucy Faithful House, with 23 bed spaces having low level of support attached, rather than no support at all.
- We will commission future services in a more flexible way focusing on the number of people supported, their level of need and outcomes to be delivered.
- When we commission housing related support we would consider further whether £18 per hour of support should be used as a benchmark, a flat rate or a cap on price, and whether to require providers to pay their staff a living wage

*For discussion:*

- *Do you agree with these proposed changes to the proposals for hostels?*

**3 Move on accommodation**

*The original proposal for this service area is set out in the table below bellow.*

**The detailed proposals for move on accommodation**

1. It is proposed to retain provision of three emergency access beds in Cherwell, South and Vale and West Oxfordshire. This part of the proposal does not have savings attached and aims to improve access and better meet the needs of local population.
2. It is proposed to reduce funding for move on accommodation from £488k in 2014/15 to £413k in 2015/16. This is a proposed reduction of £75k or 15%.

It is proposed that this reduction in funding is achieved by:

- Reducing intensity of support at Julian Housing, with eight out of the 83 bed spaces no longer having support attached
- Reducing capacity at West Oxfordshire Single Homeless service by four bed spaces or £39k, to better reflect the needs of local population



- Transferring the Cherwell Connection project into the main adult homeless pathway from the substance misuse pathway
- Increasing Cherwell funding to £100k to support developing services for single homeless people to better meet the needs of local population

3. To make the changes from 2015/16.

### *Consultation responses*

Overall, participants did not support this proposal. However, there was support for increasing Cherwell funding. Additional comments made by respondents were similar to those made about the hostels, as set out above. In response to these suggestions, we similarly propose to replace 8 'no support' beds at Julian Housing with low support beds.

This will mean that we will retain the reduction in funding for all move on accommodation the same, but are instead proposing to commission these 8 beds with low level of support. This will allow us to retain all existing units of move on accommodation and sustain access to intensive housing management funding and move on options.

In addition, as we design and commission future services, we will carefully reconsider the length of time all housing related support services are provided for at each stage of the pathway and in total. In doing so we aim to target support at those who need it most and incentivise service users and providers to work together to achieve greater independence (also called 'progression through and out of the pathway'). This in turn will improve move on rates overtime and prevent people from becoming institutionalised. This is something service users feel passionate about and asked us to improve. We also recognise that availability of affordable accommodation in Oxfordshire is a challenge. We are committed to working with our housing authority partners and providers to address these issues in the long term.

**To be revised in response to consultation? Yes.**

### *Proposed changes:*

- We will reduce intensity of support at Julian Housing, with eight out of the 83 bed spaces having low levels of support attached, rather than no support at all.
- We will reconsider the length of time all housing related support services are provided for at each stage of the pathway and in total. In doing so we aim to target support at those who need it most and incentivise service users and

providers to work together to achieve greater independence and prevent people from becoming institutionalised.

- We will continue to work with our housing authority partners and providers to address issues about availability of affordable accommodation in Oxfordshire.

*For discussion:*

- *Do you agree with these proposed changes to the proposals for move on accommodation?*

#### **4 Community floating support**

*The original proposal for this service area is set out in the table below bellow.*

1. It is proposed to reduce funding for floating support from £1.2m in 2014/15 to £0.9m in 2016/17. This is a proposed reduction of £390k or 31%.

It is proposed that this reduction in funding is achieved by:

2. Commissioning new innovative models of community based support including 1:1 and group support
3. Making the saving in two phases - 15% reduction in 2015/16 and a further reduction in 2016/17. This allows any learning from using the new models of support in the first year to be applied when planning the second year.

#### *Consultation responses*

Overall, participants did not support this proposal. We recognise the value of this service in preventing homelessness through practical support around tenancy sustainment for a wide range of households and its flexibility of access, especially in rural areas. We have listened to the debate about the merits of 1:1 support versus potential future use of group support. We will retain the proposal to phase the reduction in floating support funding over two years and to allow sufficient time for us to learn from other models of floating support developing nationally and locally.

**To be revised in response to consultation? No.**

*For discussion:*

- *Do you agree with this proposed response about community floating support?*

## **5 Substance misuse services**

*The original proposal for this service area is set out in the table below bellow.*

1. It is proposed to reduce funding for substance misuse from £214k in 2014/15 to £0 in 2016/17. This is a proposed reduction of £214k or 100%. However, services will still be provided.

Julian Housing in Oxford will continue to be available for move on accommodation from treatment services. In addition, the Public Health Team is already in the process of re-commissioning treatment services which will pick up these needs, providing £150k of subsidy.

2. It is proposed that the reduction in funding is achieved by:

Stopping funding Howard House, Project 195 and Osney Court

3. To make the changes from 2015/16

### *Consultation responses*

Overall, participants did not support this proposal. Based on the consultation feedback, we have recognised that most respondents found this part of the proposal confusing. They appeared to have understood that a proposed 100% reduction in housing related support will lead to the closure of current services - Project 195 and Osney Court, and to no provision of future support to people addressing their substance misuse issues. This was not the intention of the original proposal.

To clarify our intension, we will make it clearer in our response to the consultation that although we do indeed plan to stop funding support for people in this group from the housing related support budget in full, we are at the same time proposing that these needs are met in future through the Public Health funding.

Public Health are the lead commissioners of drug and alcohol treatment services in Oxfordshire and will be addressing the housing related support needs of this group of people going forward. £150k from the additional total £400 Public Health funding mentioned earlier in this paper has been put aside for this purpose. The future of Project 195 service will be decided when this transfer of commissioning responsibility takes place.

We will retain the proposal to stop funding in full Osney Court service. As originally stated, move on services such as Julian Housing will continue to be available to accommodate people leaving treatment services.

**To be revised in response to consultation? No.**

However we propose to clarify our intention in the original proposal as follows:

- We do indeed plan to stop funding support for people in this group from the housing related support budget in full, we are at the same time proposing that these needs are met in future through the Public Health funding.
- Public Health as the lead commissioners of drug and alcohol treatment services in Oxfordshire will be addressing the housing related support needs of this group of people going forward.
- £150k from the additional total £400 Public Health funding mentioned earlier in this paper has been put aside for this purpose.
- The future of Project 195 service will be decided when this transfer of commissioning responsibility takes place.
- We will stop funding in full Osney Court service. Move on services such as Julian Housing will continue to be available to accommodate people leaving treatment services.

*For discussion:*

- *Do you agree with this proposed response about substance misuse services?*

## **6 Domestic abuse services**

*The original proposal for this service area is set out in the table below bellow.*

1. It is proposed to reduce funding for domestic abuse from £331k in 2014/15 to £199k in 2016/17. This is a proposed reduction of £132k or 40%; subject to a strategic review over the next year
2. It is proposed that the need for local helpline, access and outreach services is reviewed to develop the most efficient and cost effective service distribution.
3. The savings plans will be based on this review and will be put in place in 2016/17

### *Consultation responses*

Overall, participants did not support this proposal. We acknowledge the strength of concern expressed by a wide range of stakeholders, including service users, about the proposal to reduce funding for these services by 40% in 2016/17.

We recognise that any reduction of funding for these services needs to be planned carefully as to do otherwise is likely to have an adverse impact on women and children these services support. Wellbeing and safety of vulnerable women and children who flee from domestic abuse is paramount for the council.

This is why we have said in the original proposal that we would not implement the proposed reduction in funding until we have conducted a strategic review of these services and developed a set of proposals specifically for these services. We have allowed a year for this work to take place. We remain committed to this original intention and will undertake a separate consultation on specific domestic abuse proposals when they have been produced following that review.

**To be revised in response to consultation? N/A: further work required**

The wellbeing and safety of vulnerable women and children who flee from domestic abuse is paramount for the council. This is why we have said in the original proposal that we would not implement the proposed reduction in funding until we have conducted a strategic review of these services and developed a set of proposals specifically for these services.

We have allowed a year for this work to take place. We remain committed to this original intention and will undertake a separate consultation on specific domestic abuse proposals when they have been produced following that review.

*For discussion:*

- *Do you agree with this proposed response about domestic abuse services?*

**7 Overall balance of reduction in funding**

*Consultation responses*

Overall, participants did not support this proposal. At the same time, a number of suggestions have been made about different ways we could divide the overall saving required between service areas or about alternative funding sources which could be contributing to housing related support.

**To be revised in response to consultation? No.**

We have considered these suggestions carefully. On balance, the consultation did not produce a viable robust set of alternative proposals which we believe would enable us to both deliver the required reduction in funding and the strategic aims we have set out at the beginning of the proposals. Therefore we will keep to the original set of proposals, subject to a number of specific changes set out in this report.

We remain committed to doing so in close partnership with other stakeholders and will continue to seek opportunities to commission services for vulnerable people jointly to achieve better targeting and maximisation of available resources.

*For discussion:*

- *Do you agree with this proposed response about overall balance of reduction in funding?*

## **8 Social and Community Impact Assessment**

We welcome all comments we received on the Social and Community Impact Assessment that was part of this consultation, in particular additional information, data and case studies made available to us by a number of respondents.

We acknowledge that the impact assessment should be revised to include key findings from this consultation, especially with regard to potential impact for women and children, those from BME groups and those with a disability. We will do so as we take this work forward and will make a revised impact assessment available in November 2014.

### **To be revised in response to consultation? Yes.**

The Social and Community Impact Assessment will be revised to include key findings from this consultation, especially with regard to potential impact for women and children, those from BME groups and those with a disability.

*For discussion:*

- *Do you agree with these proposed changes to the Social and Community Impact Assessment?*