Cambridgeshire and Peterborough Housing Related Support Review
Full Review Report (draft)

Context:
A Commissioning Review of Homelessness services was carried out on in 2017. One of the key recommendations from this review was that a full Housing Related Support (HRS) Review should be carried out across Cambridgeshire and Peterborough, which would then inform the development of a Joint Supported Housing Commissioning Strategy.

For the Cambridgeshire HRS services, a £1m savings target was also set.

Aim of review:
- To provide an understanding of the needs of clients being supported
- To understand the Strategic Relevance of all services;
  - Demand
  - Need
  - Utilisation
  - Throughput & retention
  - Level of need they are targeted at and level of need they are actually supporting
- To identify opportunities for transformation of supported housing and consider new / innovative approaches to service delivery
- To identify opportunities for joint commissioning
- To determine the best procurement option for services i.e. tender and contract or grant award or spot purchase
- To ensure that commissioned services are providing good value for money
- To identify areas where savings could be achieved across CCC HRS services
- To gather the views of providers and partners
- To understand what outcomes services are achieving for clients

Methodology:
Information for the review was gathered using the following approaches;
- All services covered by the review were asked to complete a 'Data Collection Tool' which captured information on services and clients, as well as providing an opportunity for providers to give feedback
- Key Stakeholders and Partners were asked to complete a questionnaire to provide their views and feedback on housing related support and the services being reviewed
- Two workshops were held with Providers and Stakeholders to share details about the review and gather feedback
- Feedback on the review approach was sought from the Sub Regional Housing Board through attendance at Board meetings
- Discussions with commissioned providers
- Contract Monitoring reports

Current Spend and Services:
The total current CCC spend on HRS services is £7.5m covering the following client groups;

Number of Services	Client Group	Total Spend
10	Rough Sleepers & Single Homeless	£1,587,000
10	Homeless Young People	£1,653,000
3	Teenage Parents	£112,000
6	People with Mental Health problems	£1,411,000[1]
24	Older People (incl. Almshouses)	£1,293,000

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[1] This figure includes a Specialist floating support service which became part of the joint Cambridgeshire & Peterborough floating support service from October 2018

2	Gypsies and Travellers	£66,000
1	Learning Disability / Physical Disability	£233,500
3	Victims of Domestic Abuse	£265,000
1	People with Alcohol Problems	£79,000
2	Offenders	£157,000
3	Generic Floating Support	£758,800[2]

The total current PCC spend on HRS services is £1.1m covering the following client groups;

Number of Services	Client Group(s)	Total Spend
1	Single Homeless	£58,000
1	Homeless Families	£99,000
2	Single homeless & Young people at risk	£780,000
2	People with Mental Health problems	£96,000
1	Victims of Domestic Abuse	£60,000
1	Offenders & Substance misuse	£35,000[3]

A full list of the services covered by the review is included at Appendix A.

Current Monitoring arrangements:
Monitoring reports are provided for most services on a regular basis, however, whilst the Peterborough services use a standard template for reporting, Cambridgeshire services provide information in a variety of different formats, which although useful, means there is no consistent data set for services, making it difficult to make meaningful comparisons in relation to any specific performance areas.

Partner and stakeholder Feedback:
Key internal and external partners and stakeholders were given the opportunity to contribute to the review by attending a Workshop or completing a questionnaire.
Views were also sought form the Sub Regional Housing Board.

Workshop:
The workshop focussed on the review and the savings target for Cambridgeshire services.
Some of the key messages from this workshop are set out below;
- Consider wider system impact and consequences to individuals - risk analysis needed
- Consideration of equity of provision – some principles of how that is spread and how this relates to need
- Need to consider needs and priorities of all partners
- Links with other policies and plans – consistency of messages and direction of travel
- Joint commissioning of providers who work across different areas
- Investment in early intervention / prevention
- Look at having a Gateway / single point of entry for services
- Sharing resources across the county – e.g. Specialist services – should /could these be countywide?
- Expand Housing First model to support those with complex needs
- Clear strategic priorities and framework to ensure quality of services
- Outcomes and level of ambition must be clearly defined – supported by longer term contracts
- Need to break the link between accommodation and support so we are not reliant on provider's accommodation being available only if support is also part of the package

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[2] From October 2018 the generic and specialist floating support for Cambridgeshire and Peterborough will be combined under one contract
[3] This service became part of the joint Cambridgeshire & Peterborough Floating Support service from October 2018

- Support that follows the individual (more of a 'case management' approach) rather than service based – supported by a pool of accommodation where people can stay to receive support or a 'hub and spoke' model
- Flexible support that can stay with individuals for longer if needed
- Move-on barriers need to be addressed but there will be a cost
- Not a case of one model fits all
- Full needs analysis needed
- Whole systems approach – including all pathways in and out across the provision and partners
- Re-establish some sort of SP Commissioning Body for strategic governance and oversight

Full notes from the workshop session are included at Appendix B.

Questionnaire responses:
Responses were received from 10 people across 5 organisations.
A summary of feedback is provided below;

- Currently commissioned services were felt to be strategically relevant and valuable in helping partners to deliver their statutory duties and key objectives.
- The contribution of HRS services to the prevention agenda was clearly highlighted
- Whilst current services are valued, most stakeholders/partners felt changes were needed to ensure commissioned services provide the right support for clients
- Currently commissioned services struggle to support some groups of people such as those who misuse substances, those with multiple complex needs or dual diagnosis, offenders, looked after children moving on to adulthood, and some people with mental health problems
- Need to have a mix of models including accommodation based and visiting/ floating support services - 'Housing First' was highlighted as a model which could benefit homeless and rough sleepers with complex needs
- Access to wrap around services such as education, training and employment are important elements of the support pathway for homeless people, along with effective resettlement preparation to enable them to retain a tenancy
- Floating support could be used to deliver support to accommodation based services which currently provide visiting support to their clients, providing the support staff had the relevant specialisms/expertise to support that client group
- Need for some dedicated accommodation units to be available for groups who would struggle to find their own housing due to affordability and/or their needs e.g. young people, single homeless and offenders

Strategic Relevance Assessment:

A Strategic Relevance methodology was applied and assessments completed for all services. For the majority of services there were no concerns about strategic relevance. Key points are highlighted below;

- All services assessed demonstrated delivery of housing related support and a contribution to local strategies
- 18 x services failed to achieve a planned moved on rate of over 75%
- There are questions around demand and utilisation for 12 x services
- 5 x services were providing a resource for multiple areas
- 7 x services were identified as being 'specialist'
- 17 x services were identified as providing something significantly different to other local commissioned services

Data Analysis Summary:

Returns:

Returns were received for 83% of services covered by the review (although not all returns were fully completed).

Service data

Identified primary client group	No	Secondary client group information
Alcohol problems	1	
Complex needs	2	
Domestic abuse	3	
Drug problems	1	
Frail Elderly	9	3 x PD, 1 x OP, 2 x Dementia
Gypsies & Travellers	2	
Homeless Families	1	
Learning Disability	1	
Mental Health Problems	7	1 x mentally disordered offenders
Offenders / Ex-Offenders	2	
Older People with support needs	7	
Rough Sleepers	1	
Single Homeless with support needs	27	2 x alcohol, 1 x offender, 3 x YP @ risk, 5 x complex, 10 x MH, 3 x RS, 1 x other
Teenage (Young) Parents	3	
Young People at Risk	10	5 x YP leaving care, 1 x MH, 3 x SH, 1 x complex

Throughput and Planned Move-On rates:
Within long term services where there was no expectation of move-on, 33% of clients had been resident for over 3 years, and a further 10% for between 2 and 3 years.

Within short or medium term services, across the 1 year data reporting period, 1,812 clients had moved through services, of which 1,482 (82%) were identified as being planned move-ons.
In terms of individual service move on rates, 53% achieved a planned move on rate of 75% or more in the period, compared to 17% who showed rates below 50%.

Hourly rate:
Hourly rate was calculated on the basis of support hours and funding. Two rates were calculated – one for all support hours and one for just HRS funded support hours.

Calculations highlighted a large variance ranging from exceedingly low to exceedingly high.

Lowest hourly rate		highest hourly rate	
all hrs	HRS funded hrs	all hrs	HRS funded hrs
£4.16	£4.16	£32.97	£32.97

The hourly rate calculation for HRS funded hours identified 20 x services with an hourly rate over £17 - 11 of these had hourly rates above £20

Of the 20 services with high hourly rates;
- 11 are showing a planned move on rate of over 75% for the period (range 78% to 100%)
- 9 are showing a planned move on rate of 75% or less for the period (range 17% to 75%)

24hr services:
Returns identified 16 x supported housing / hostel services which are providing 24hr staffed accommodation.
- 9 of these have confirmed they are providing HB funded night time concierge.

- 4 of these have confirmed that support staff are providing the night cover

Identified Gaps and Unmet Needs:

Providers highlighted a number of gaps and areas of unmet need within their review responses and also at the workshop held prior to the review commencing. The most commonly identified gaps are summarised below;

- Move-On –There is a severe lack of appropriate and affordable move-on accommodation (social housing and private rented) for clients who are ready to exit services. This is a particular issue for single people who are moving out of hostels and supported accommodation and a number of respondents made reference to the long wait clients were facing for social housing. One respondent suggested that Private Landlords incentive schemes and guarantee of floating support might encourage more landlords to accept those exiting services and who are on benefits and/or with previous rent arrears.

- 'Step Down' accommodation & support – Clients moving on form short term supported accommodation often end up going from a high supported environment straight in to independent living with only minimal / low level visiting support, which is generally time limited. This sudden drop in support often impacts negatively on the client's ability to sustain their independent accommodation, resulting in them becoming homeless again. There needs to be a more transitional approach that will allow the level of support to reduce gradually.

- Long Term Support – There are a number of short term supported housing and hostel services, but for those who need ongoing support there are very few long term placements available and a lack of long term floating support for those requiring some access to ongoing support to live independently.

- Complex Needs – Difficulty access appropriate supported accommodation and community support for people with issues such as drug and alcohol (including needing rehab), enduring mental health problems and domestic abuse victims with complex needs (e.g. dual diagnosis).

- Floating Support – Need for additional floating support to ensure it is available to support all clients who need it when moving on or whose needs can be met this way, rather than through a referral being made to supported housing / hostels

- Teenage Parents – Need for additional teenage parent accommodation in some areas, including provision for young couples.

- Mental health – need for greater level of early intervention and access to mental health support as well as ongoing low level support

There were also a range of other gaps which were reported by only one provider. These included;
- Support and accommodation for medium and low risk domestic abuse victims
- Expansion of support for older homeless persons
- A short stay direct hostel for 16- 25 year olds to provide Emergency bed spaces 24hrs a day
- Volunteer service for older people that can support clients with dementia, learning disability or illiteracy to read and address correspondence.
- Advocate to help older people deal with client finances where they have capacity but little understanding of their finances, especially those with substantial funds

- Support for female offenders who often present as higher risk than male offenders and require more intensive or specific intervention particularly around parenting, relationships and family
- Need for two night care workers in Extra Care schemes to account for number of clients who need care 'double ups' at night which restricts the quality of care they can receive or means they are refused a place and end up in Residential Care

Client Data
Data was received for 1,934 clients. 56% were male and 43% female.

Ethnicity:
- 79% White British.
- 5% Gypsies / Travellers
- 3% any other White
- 2% any other Asian
- 2% any other mixed

When compared with the census data, client ethnicity represented within services is not reflective of the population in the more diverse areas (predominantly Cambridge City & Peterborough).

Referral routes:
The most common referral routes identified were 'Other Source', Adults Social Care', Self-referral, 'Other Hostel / Supported Housing Provider' and CPFT (mental health).

All but 9 of the referrals for Adult Social Care related to either Extra Care services or one of the Older Persons Visiting support services.

Gypsies & Travellers and Older People or Extra Care services accounted for 112 of the self-referrals identified, and we would expect to see higher numbers of self-referrals for these services as they are services which people often enter in a planned way. However, the higher number of self-referrals for the other services is something that needs looking at more closely and may be linked to the large amount of movement between supported housing / hostel services which is referenced below.

The combined figure 'Other Hostel Provider' / 'Other Supported Housing Provider' suggests that a lot of clients are moving between different services (more of a 'revolving door' effect) rather than moving on to more settled independent accommodation.

Whilst numbers of referrals recorded as 'Other Source' were also high, two thirds of these relate to Older Persons Visiting Support Services.

There were a very small number referrals identified as coming from Children's Services outside of Cambridgeshire or Peterborough. This included 4 referrals from refuges in other areas and 5 out of area referrals in to hostels / supported housing for young people.

Referral Routes
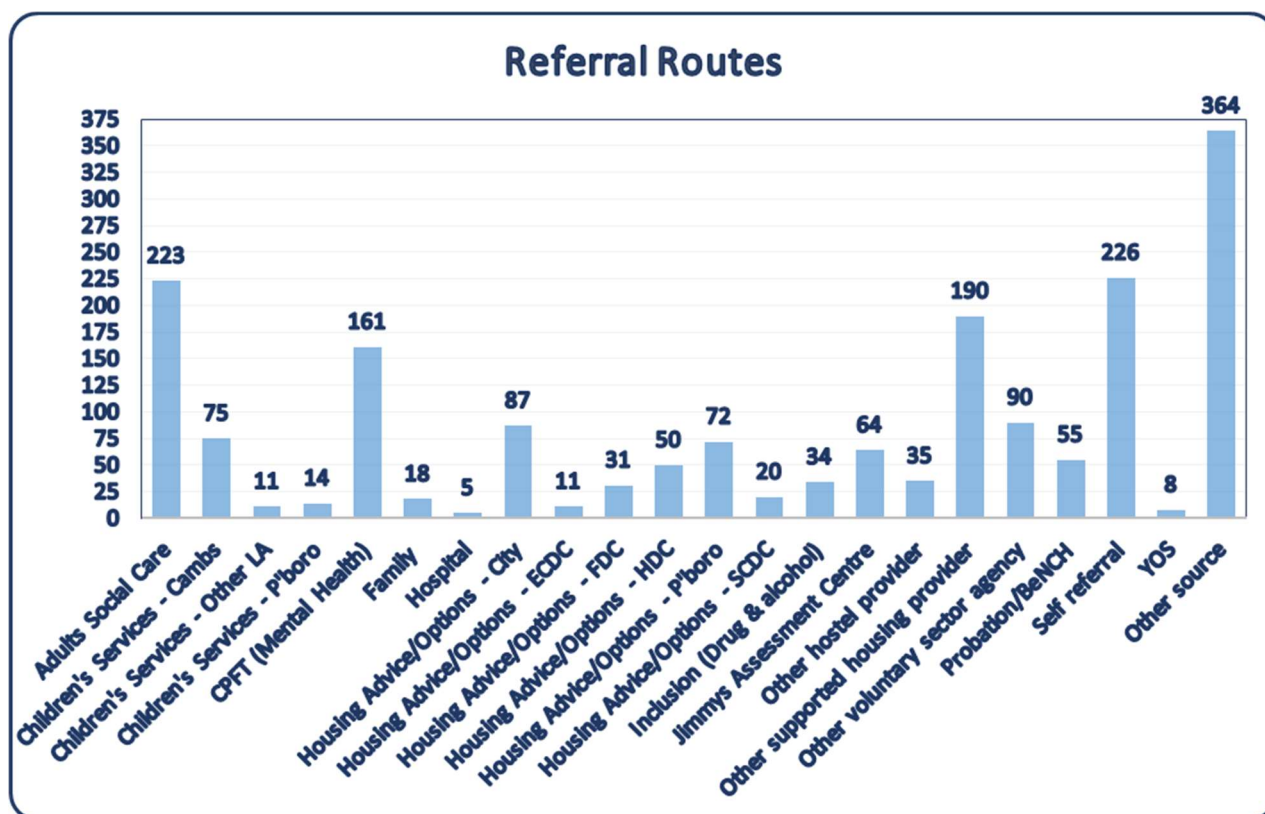
Previous Place of Residence:

The figures shown in the chart above exclude clients in the Older Persons Visiting Support services, as these clients were generally shown as receiving support in their existing place of residence, which we would expect to be the case for this type of service.

The previous places of residence recorded most often for clients were 'Supported Housing Hostel', 'Other', 'Living with Parents', 'Supported Living', 'Rough Sleeping' and 'Housing Association/Social Housing'.

The numbers who appear to be entering services from other 'Supported Housing/Hostel is very high, and as with 'referral' sources data referenced above, does suggest that a lot of clients are moving between different services. Whilst there may be very good reasons why this is happening for some clients - e.g. 'stepping down' to a less supported service or transferring to a service that is better able to meet their needs – we do need to understand why so many people are seemingly needing support from more than 1 supported housing/hostel service.

Those identified as 'Living with Parents' prior to accessing a service were mainly people who were accessing services for young people.

As expected, those identified as 'Rough Sleeping' were mainly accessing single homeless services, whilst those recorded as coming from 'Supported Living' were mainly clients with longer term needs such as people with enduring mental health problems.

Of those recorded as 'Other', over two thirds were either clients from gypsy and traveller support or people accessing extra care services.

Previous place of residence
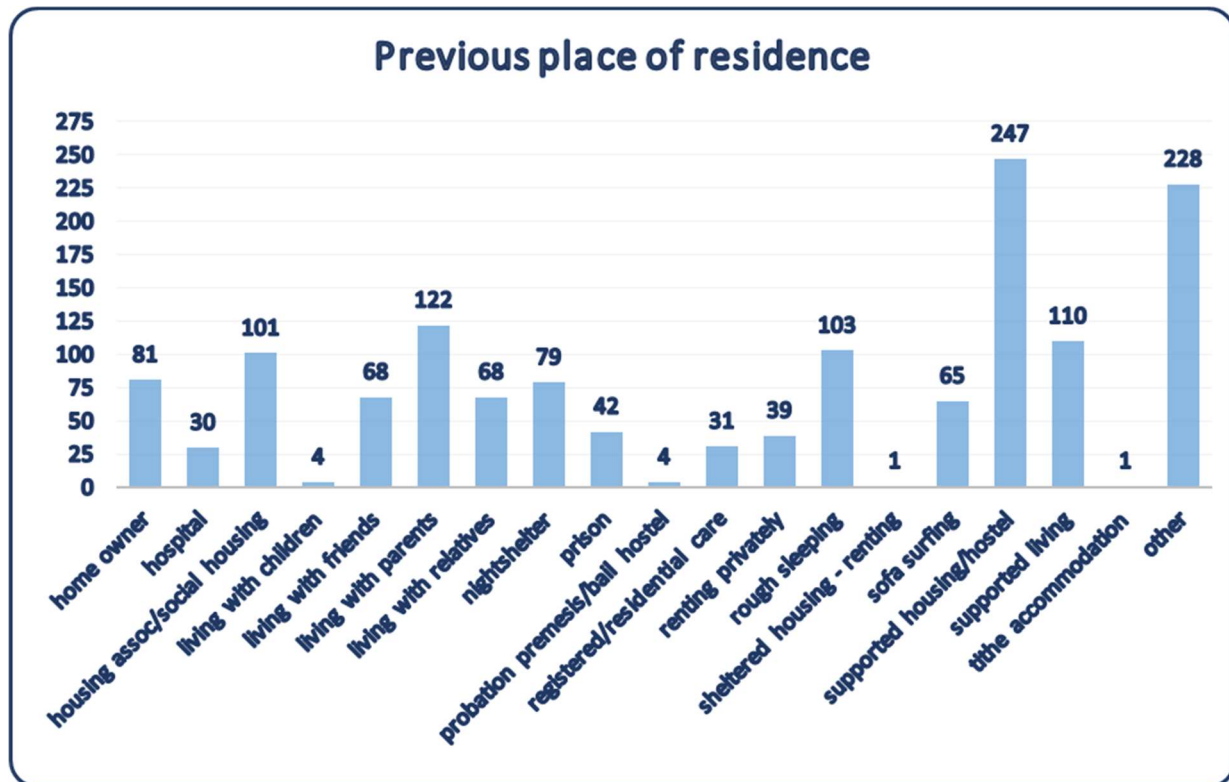
Client Support Needs:

The needs data would suggest that services are supporting a number of complex individuals and that most clients within services are presenting with multiple needs. This is reflective of conversations and meetings with a number of different providers who have stated that they are seeing an increase in the number of referrals for clients with higher needs or greater complexities.

The most commonly identified needs were mental health and financial problems/money management. In both cases more than a third of clients were recorded as having these needs, whilst a quarter were identified as having social/emotional problems.

As expected, the majority of those with identified needs of 'older person' and 'frailty and/or mobility issues' were clients of the older person's visiting support services or extra care residents.

A variety of needs were identified as highlighted by the examples below;
- 16% of clients were identified as having a drug problem and 11% as having an alcohol problem
- 10% of clients were identified as having a mental health and drug and/or alcohol problem
- 41 clients were identified as being offenders with mental health and substance misuse issues (including mentally disordered offenders)

Over half (58%) of the clients included on the returns were identified as having 3 or more of the listed support needs and 18% had 5 recorded support needs (which was the maximum number of entries the data sheet allowed per client).
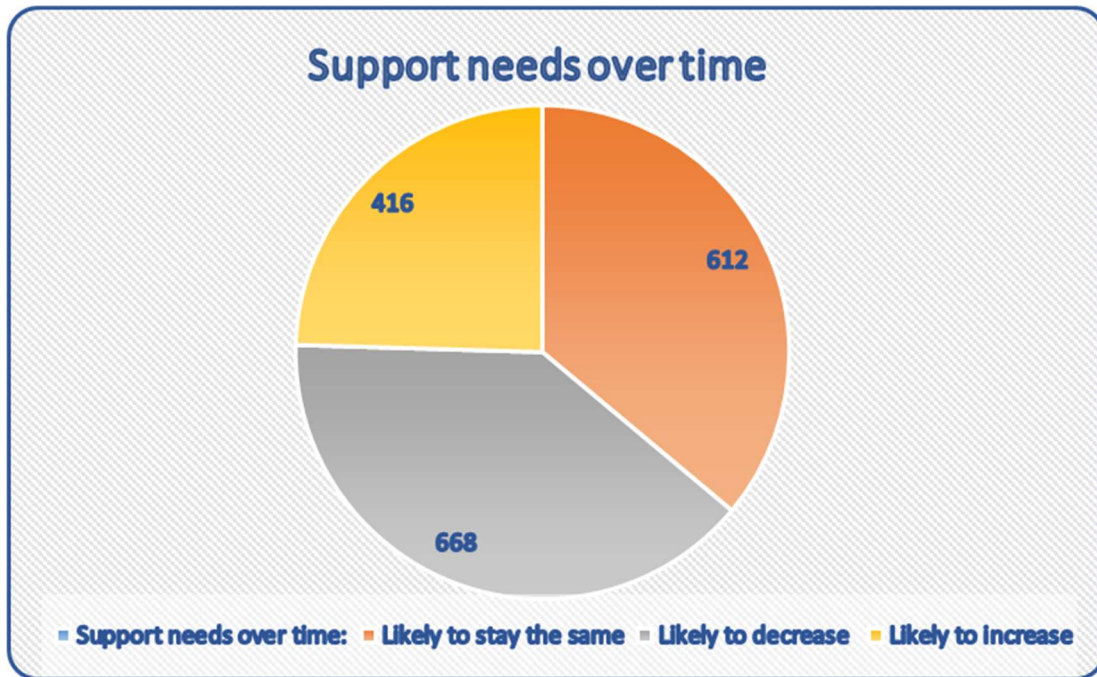
In contrast to this, only 18% of clients were recorded as having just 1 of the listed support needs.

In terms of how support needs would change over time, there was an expectation that 35% of clients would see a decrease in support needs over time, 22% would see an increase and 32% would continue at the same need level (please see chart below).

In addition to specific needs identified;
- 191 clients were recorded as being on CPA - 56 of whom were not residing in a designated MH service
- 722 clients were recorded as being on a Care Plan – 369 of whom were in services other than Extra Care or other services for older people

Support needs over time

416

612

668

■ Support needs over time: ■ Likely to stay the same ■ Likely to decrease ■ Likely to increase

Support Needs

Primary | Secondary

Data values shown in chart:

Category	Primary	Secondary
Aggression/anger management	31	163
Alcohol Problem	79	133
At Risk of Domestic Abuse	38	38
Communication Issues (language)	36	77
Communication Issues (literacy)	79	194
Dementia	39	25
Drug Problem	75	235
Dual diagnosis	27	43
Eating disorder	3	19
Emotional problems/issues	65	432
Financial problems/money management	123	572
Frailty and/or mobility issues	113	195
Hearing Impairment	4	38
Isolation/social exclusion	23	152
Learning Disability	74	49
Memory problems	7	70
Mental Health Problems	455	269
Mentally Disordered Offender	7	7
Offender/At Risk of Offending	78	137
Older person	233	332
Physical Disability	138	119
Post Traumatic Stress Disorder	29	5
Rough Sleeper	79	37
Social problems/issues	30	222
Teenage Parent	22	11
Visual Impairment	2	18
Young Person Leaving Care	57	16

Length of Stay and Move-On:
Data collected showed that 124 clients had been in short term services for over 2 years, and 43 had been in services for over 3 years. Of this 43, 16 were expected to need support for at least another year before they are able to move-on.
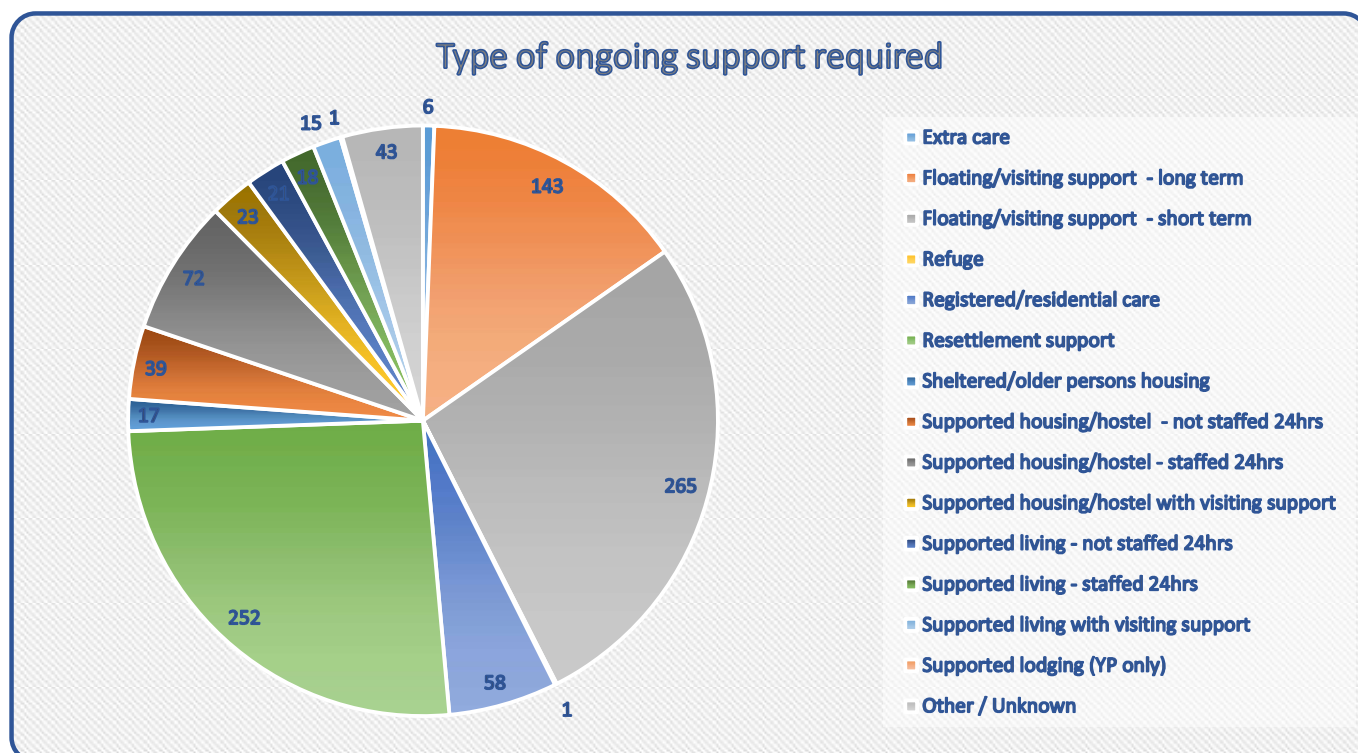
Whilst level of need is one of the reason while clients may be remaining in services for longer than planned, length of stay will also be impacted by the fact that it is becoming increasing challenging to source appropriate and affordable move-on accommodation for clients (particularly in Cambridge City and South Cambridgeshire).

Of the 1121 clients who are expected to move-on from services, 61% are expected to move on within the next year, 31% within 2 years and 8% are expected to remain in current services for more than 2 years.

Of the clients who are expected to move-on, 974 (87%) were identified as needing some ongoing support once they exit the service. Anticipated support required varies, but most commonly identified were 'short term floating or visiting support' (27%), 'resettlement support' (26%), 'long term floating or visiting support' (15%) and '24hr staffed supported housing or hostel' (7%).

In comparison, only 147 (13%) of clients are expected to require no ongoing support when they move-on.

Again, the number identified as requiring support post move-on, does suggest that a large number of those using these services have significant support needs.

Type of ongoing support required

Legend:
- Extra care
- Floating/visiting support - long term
- Floating/visiting support - short term
- Refuge
- Registered/residential care
- Resettlement support
- Sheltered/older persons housing
- Supported housing/hostel - not staffed 24hrs
- Supported housing/hostel - staffed 24hrs
- Supported housing/hostel with visiting support
- Supported living - not staffed 24hrs
- Supported living - staffed 24hrs
- Supported living with visiting support
- Supported lodging (YP only)
- Other / Unknown

Cambridgeshire Savings Target:
It is acknowledged that the £1m savings target for Cambridgeshire HRS is still very challenging, but following this review, a number of proposals for potential savings have been identified, although these would not currently generate enough to meet the full £1m savings target.

Where possible, our approach to achieving the savings will be through changing what we commission or how we commission services and looking at more innovative ways of delivering support. We believe that significant savings can be generated in this way, in partnership with partners and providers.

However, some of the savings proposals do also consider the need to decommission some of services we currently fund.

In addition to this, a few providers have expressed a willingness to look at rebalancing income streams in order to try to make some small revenue changes in relation, and this is an offer we would like to explore with them.

The savings proposals cannot be dealt with in detail by this report, as they relate to specific services, however the potential approaches we are considering are outlined below;

- Delivering some accommodation based services through floating support in future
- Moving from multiple services to a single service that can deliver a new support pathway and a greater range of support options across a specified client group within a locality
- Exploring opportunities for joint commissioning some services with partners
- Expanding the 'Housing First' model as another alternative to hostel accommodation
- Decommissioning of some services where the review has indicated issues around a number of factors such as strategic relevance, and unit cost

Once agreement has been reached on which proposals should be pursued, then discussions will take place with all relevant providers and partners.

We are also pursuing the option of spreading the savings across more than 1 year in order to enable us to pursue a more managed approach to achieving the total saving figure and to ensure a joined up approach which takes account of other changes already being implemented or discussed in in relation to both tackling and preventing homelessness and the provision of supported housing.

Summary and Conclusions:

Cambridgeshire County Council currently spend £7.5m on commissioned housing related support services, whilst Peterborough City Council spend £1.1m.

The majority of services being commissioned are being well utilised, are strategically relevant and are contributing positively towards the priorities of the County Council, Peterborough City Council and other statutory partners.

Both providers and partners have strongly emphasised the contribution that housing related support services make to the prevention agenda.

Whilst Partners valued current services, most felt that changes were needed to ensure commissioned services are providing the right support for clients, including those with multiple complex needs. A variety of service delivery models are needed to ensure this, including both accommodation based services and floating / visiting support.

There needs to be a partnership approach to implementing changes that takes account of wider plans, policies and priorities. Partners felt that a multi-agency board was needed to re-establish strategic governance and oversight for the delivery and any remodelling of HRS services.

Partners also felt that access to wrap around services such as education, training and employment are important elements of the support pathway, particularly for homeless people, along with effective resettlement preparation to enable them to retain a tenancy.

Whilst most services demonstrate a broadly comparable range of hourly rates, there are some notable outliers which are showing either exceedingly high or exceedingly low hourly rates. These reasons for this need to be examined in more detail and a 'value for money methodology' needs to be developed for all housing related support services.

Throughput data shows that longer term services are supporting people for longer periods of time and short or medium term services are supporting a significant number of clients to achieve a planned exit from their services. However, the individual planned exit rates for services do vary dramatically. Whilst there will be distinct factors which impact on positive move-on rates, such as the client group or level of needs the service supports, the low level of planned move on rates for a small number of services does suggest that they are not achieving good outcomes for clients, or good value for money, and therefore any continued commissioning of these services needs to be carefully considered.

The most commonly identified gaps in provision were;
- access to move-on accommodation
- 'step down' support
- long term visiting support / support placements
- supported accommodation and community support for those with complex and/or enduring needs
- additional teenage parent accommodation (including options for young couples)
- additional floating support capacity

The client needs data collected does indicate that many services are supporting a significant number of people with quite complex needs. The data also suggests that the majority of those moving on from services will need some ongoing support at the point of move on, and that for some the identified need was for longer term, rather than transitional, support. In contrast to this, only 13% of clients are expected to require no ongoing support when they move-on from their current service.

Whilst those entering short term services also have an immediate need for accommodation, their homelessness is likely to be as a result of the other issues they are presenting with, therefore addressing their accommodation need will only be one element of the support they need to enable them to move on to independent or less supported accommodation. This accords with the experiences of providers who seem to be receiving an increasing number of referrals for clients with higher or more complex needs, for whom more intensive support interventions are offered required.

The increasing need profile of clients will also be contributing to the fact that clients are remaining in short term services beyond the expected 2 year maximum stay.

The challenge of accessing, timely, appropriate and affordable move-on is also having an impact on the length of stay at services. The issue around move-on is effecting all areas of Cambridgeshire and Peterborough, though is more acutely felt in areas such as Cambridge City, where rental prices are much higher.

Delays in moving people on are also having an adverse effect on throughput so that those in need of services are waiting longer for vacancies, which can also have a detrimental effect on their needs and willingness or ability to engage.

Access to move-on accommodation is connected to supply of accommodation and local housing markets and is part of wider issues related to development and affordability, which are also affecting many other parts of the country as well.

The review data suggests that there are a significant number of clients moving between different supported housing/hostel services, rather than moving on to independent living.

Discussions with different providers also suggest that a number of clients also return to homeless services as a result of losing the accommodation they moved in to. Whilst there is no specific evidence to suggest the reasons for this, there is probable that this could in part be as a result of clients transitioning from high to very low, or no support, when they move-on from supported housing/hostel services. This links with the perceived gap around 'step down' support for those moving on but still not ready for fully independent living.

Achieving the £1m savings target for the Cambridgeshire HRS services will be very challenging. Whilst the review has helped identify a number of potential areas where savings could be made, these proposals alone will not deliver the full £1m savings target. Further work needs to be done to identify how this could be delivered, and where possible this needs to fits with any wider transformation work around homelessness and housing.

Recommendations:
The following recommendations are being made as a result of this review;

1. Develop a 'Joint Supported Housing Commissioning Strategy' for Cambridgeshire and Peterborough to enable a strategic approach to future service commissioning.

2. Use the Cambridgeshire and Peterborough Housing Board to provide strategic oversight and governance for Housing Related Support Services across Cambridgeshire and Peterborough for the future

3. Develop a robust 'Value for Money' methodology which can be consistently applied to all Housing Related Support services.

4. Work with Cambridge Housing Society to see how their 'Cost Benefit Analysis' work could be applied to Housing Related support services to better demonstrate cost savings, cost avoidance and outcomes.

5. Undertake a 'move-on' audit to look in detail at what the barriers to move-on are for services, and establish whether any actions can be taken to help reduce or remove some of these.

6. Introduce contracts in place of grants for Peterborough's housing related support services to align with development of a 'Joint Supported Housing Commissioning Strategy' and enable longer term development of services.

7. Work with the relevant commissioner to determine an outcome for any services which are identified as delivering poor outcomes and / or poor value for money.

8. Undertake more targeted work around service gaps to inform future commissioning arrangements.

9. Introduce a standard performance and monitoring framework for all commissioned Housing Related Support Services.

10. Complete 'Community Impact Assessments' for all services which could be affected by the savings proposals to ensure that risks and consequences are clearly identified.

11. Ensure that all agreed savings proposals are robust, deliverable, take full account of current contract arrangements and have a clear timescale attached to them.

12. Extend the timeframe for achieving the £1m savings target across Cambridgeshire's Housing Related Support services to enable a more structured and long term approach

that aligns with transformation work already happening locally in relation to homelessness and housing.

Appendix A

HRS Funded Services in Cambridgeshire (updated 01.10.2018)

Service	Provider	Client group	District
Riverside Care & Support	English Churches Housing	Young People at risk	Cambridge
YMCA	YMCA	Young People at risk	Cambridge
Whitworth House	Orwell Housing	Young People at risk	Cambridge
Wisbech Foyer	Axiom Housing	Young People at risk	Fenland
Paines Mill Foyer	Axiom Housing	Young People at risk	Hunts
Young Parents	Luminus	Young People at risk	Hunts
Young Parents	Ormiston	Young People at risk	Fenland
Kings Ripton Court	Salvation Army	Young People at risk	Hunts
Castle Project	Richmond Fellowship	Young People at risk	Cambridge
Young Parents / Peter Maitland Court	CHS	Young People at risk	Cambridge
Railway House	CHS	Young People at risk	Cambridge
Ely Young People's Project	CHS	Young People at risk	East Cambs
The Staithe	CHS	Young People at risk	Fenland
Cambridge Refuge	Cambridge Women's Aid	Domestic Abuse	Cambridge
Hunts refuge	Refuge	Domestic Abuse	Hunts
Fenland refuge	Refuge	Domestic Abuse	Fenland
Extra Care	Multiple suppliers	Older People	Countywide
Cambridge & Peterborough Floating Support (joint CCC & PCC service)	P3	Generic & Mental Health	Countywide
HRSOP South Cambs	SCDC	Older People	South Cambs
HRSOP Fenland, Hunts & East Cambs	Age UK	Older People	Fenland, Hunts & East Cambs
HRSOP	Cambridge City	Older People	Cambridge
Controlled Drinkers Project	Jimmy's Cambridge	Drug & alcohol problems	Cambridge
Jimmy's Assessment Centre	Jimmy's Cambridge	Single Homeless / Rough Sleepers (Complex Needs)	Cambridge

222 Victoria Road	The Riverside Group (ECHG)	Single Homeless / Rough Sleepers	Cambridge
Willow Walk	The Riverside Group (ECHG)	Single Homeless / Rough Sleepers (Complex Needs)	Cambridge
Housing Support	Cambridge Cyrenians	Single Homeless / Rough Sleepers	Cambridge
Home and Community Support- Homeless	Cambridge Cyrenians	Single Homeless / Rough Sleepers	Cambridge
Kirk Gate	Geneisis HA	Single Homeless / Rough Sleepers	Fenland
Princes Walk	Geneisis HA	Single Homeless / Rough Sleepers	Fenland
Jimmy's- Abbey St Move On	Jimmy's Cambridge	Single Homeless / Rough Sleepers	Cambridge
Corona House	CHS Group	Single Homeless / Rough Sleepers	Cambridge
The Ferry Project	Luminus	Single Homeless / Rough Sleepers	Fenland
Cambridgeshire Mental Health Community Support and Prevention Service	The Riverside Group (ECHG)	Mental Health	Countywide
Accommodation support service	Sanctuary Housing	Mental Health	Cambridge
Vicarage Terrace Supported living	Sanctuary Housing	Mental Health	Cambridge
Fern Court	Sanctuary Housing	Mental Health	Huntingdon
Green Road Supported Living	Suffolk Mind	Mental Health	South Cambs
Offender Accommodation Services in Huntingdon & Wisbech	Luminus Group	Ex-Offenders	Hunts / Fenland
Offender Accommodation Services in Cambridge City (Jubilee Project)	Cambridge Cyrenians	Ex-Offenders	Cambridge
An Lac House	Abbeyfield Cambridge Vietnamese	Older People	Cambridge
Storey's House (almshouse)	Foundation of Edward Storey	Older People	Cambridge
Jones Court (almshouse)	Ramsey Welfare Charity	Older People	Hunts
King John House (almshouse)	Wisbech Charities	Older People	Fenland
Russell Street	CHS Group	Learning Disability/Physical Disability	Cambridge
Fenland Traveller Sites	FDC	Gypsies & Travellers	Fenland
Gypsies/Traveller Support	Luminus	Gypsies & Travellers	Hunts

HRS Funded Services in Peterborough (updated 01.10.2018)

Service	Provider	Client group
Fair View Court, New Haven and Peterborough Foyer plus 3 drop-in services	Axiom Housing Association	Single Homeless, Young People at Risk and Generic
Temporary Hostel provision	Cross Keys Homes	Homeless Families
Mayor's Walk	Genesis HA	Single Homeless
Eastlands	Home Group	People with Mental Health Problems
Time Stop and The Cresset	YMCA Trinity Group	Young People at Risk and Single Homeless
Women's Refuge	Peterborough Women's Aid	Domestic Abuse
Cambridge & Peterborough Floating Support (joint CCC & PCC service)	P3	Ex-offenders, substance misuse, mental health and chronically excluded

Appendix B

HRS Workshops – 10.07.2018, Buckden Village Hall

Partner Workshop - Discussion Feedback:

What are the key things that you think we should consider or do to inform our savings decisions?
- Identify which services support delivery of statutory services / duties (e.g. Homelessness Reduction Act) as these can have a big impact on LA performance and / or funding.
- Impact of reductions on attracting other funding
- Consider wider system impact and consequences to individuals
- 'Key services' versus 'discreet services' and which services are performing well on outcomes.
- Contract dates - length, existing commitments
- How do we decide which priorities we align to – can be different for County, Districts and other partners
- Consideration of equity of provision – some principles of how that is spread and how this relates to need
- Predicted client group growth – e.g. older people
- Links with other policies and plans – consistency of messages and direction of travel
- Need to undertake a risk analysis to highlight what subsequent impact will be and long term impacts – need to remember that once its' gone it's gone!
- Unintended consequences e.g. providers delivering services that we want to retain opting to exit the market
- Awareness of what savings are being aligned with other budgets / what reductions services are already experiencing – not hitting the same service twice for savings
- Size of provider and size of contract - proportionality

Is there any other key data / information that you believe we should be considering when looking at value for money? How do we capture this?
- INFORM system (used in Cambridge – possibly in South Cambs and other districts as well)
- Full funding picture – what other funding is provided to providers by districts, other partners and charitable grants
- Reserves held by providers / charities
- Type of client / access / eligibility criteria
- Added value, additionality and cost benefits – what do we get as a bonus that we don't pay for
- Clients often return to a service they have left to access ad hoc support – this is added value and preventative

Considering that there may be gaps in current provision, Should we consider increasing funding in some areas to reduce need / demand in others? Which areas do you think this might apply to?
- Look at providers supporting a wider range of clients
- Joint commissioning of providers who work across different areas
- Trailblazer review – lessons learned
- Early Help / MASH – investment in early intervention / prevention
- Resource a post to pull together information
- Look at having a Gateway / single point of entry for services
- Look at whether more smaller, specialist projects are needed (e.g. drinkers project) to plug the gaps

- Sharing resources across the county – e.g. Specialist services – should /could these be countywide? Could these also be used for other client groups? (need to be aware of ring fenced funding / limitations of funding e.g. only for a specific geographical area)

The scale of this savings challenge provides an opportunity to look at how services are provided and explore new and innovative models for delivering housing related support to vulnerable people in Cambridgeshire & Peterborough. What do you think are the key things that need to form part of a model which is both sustainable and which can deliver successful outcomes? How do we ensure meaningful engagement with partners and commissioners as part of this process?

- Expand Housing First model to support those with complex needs – does require accommodation to be available which would mean either buying properties or securing them as part of the commissioning
- External funding e.g. could IBCF be used differently
- Clear strategic priorities and framework to ensure quality of services
- Outcomes and level of ambition must be clearly defined – supported by longer term contracts
- Need to break the link between accommodation and support so we are not reliant on provider's accommodation being available only if support is also part of the package – council or other party as landlord – in arrangements where provider intends to only act a landlord then they could be involved in the procurement process for that service (giving them some sort of reassurance)
- Online service delivery / accessible self-help options
- Consortia of providers versus one big contract (supports local smaller more specialist providers to retain a place in the market)
- Support that follows the individual (more of a 'case management' approach) rather than service based – supported by a pool of accommodation where people can stay to receive support or a 'hub and spoke' model
- Flexible support that can stay with individuals for longer if needed
- Need to consider co-production – how and when do we involved clients in this journey? Need to ensure these discussions are facilitated by the right person with the right skills
- Flexible funding money rather than up front allocation?
- Move on - barriers need to be addressed but there will be a cost
- Some groups may fit better with one kind of model – not a case of one model fits all
- Are we getting the service we are paying for and is it the service we want?
- Need to consider needs and priorities of all partners (County/P'boro, Districts, CCG, OPCC)
- Full needs analysis needed
- Whole systems approach – including all pathways in and out across the provision and partners
- Links with Greater Cambridge Partnership
- Manchester – have done and are still doing a lot of work around homelessness – what can we learn from them?
- Re-establish some sort of SP Commissioning Body for strategic governance and oversight
- Working group to oversee the work coming out of the review - members can provide links to other groups as well
- Workshops to give feedback / provide further engagement opportunities once review is complete
- Interim - share some key points once data is collated

Provider Workshop - Discussion Feedback:

What are the key things that you think we should consider or do to inform our savings decisions?

- Understand what we do now – the costs, the outcomes - there are already good providers delivering value for money
- Understand blockages, conflict of priorities, KPI's for support and housing services – impact = disjointed services
- Understand who needs the services - their circumstances, their needs
- Pathways
- Look at the wider impact – what these services achieve;
    - Value achieved
    - Savings to health
    - Increased financial stability for clients
    - Mental health management
    - Prevention of eviction / homelessness
    - Access to work and education
    - Community engagement
- District council involvement
- Impact of reduction on ability to deliver quality services
- Safety implications for services if staffing is cut - safety of staff and clients using the services
- Consider impact of withdrawn / discontinued services
- Speak to a fair cross section of service users from each type of service being reviewed
- Other funding going in to service and added value form the wider organisation
- Talk to other service areas in the County Council about a strategic approach, giving evidence of the savings that these services achieve down the line and highlight impact if they are withdrawn both in term of Community impacts, financial impact and added pressure that this will put on intensive / statutory services (social care, health Police etc) - Needs to be an evidenced argument for continued investment rather than savings.
- Collaborative approach – Ask providers what savings can be made
- Avoid a 'mallet' approach in order to achieve savings – look at collaboration and innovation to deliver VfM & savings
- Look at whether some services could be using intensive housing management charges payable via Housing benefit e.g. use of 'night concierge' & CCTV to provide overnight cover rather than sleep-ins
- Need to complete in-depth impact assessment - consideration of what happens if a service ceases to operate (unlikely to be able to re-establish once gone)

Is there any other key data / information that you believe we should be considering when looking at value for money? How do we capture this?
- Outcomes & Social Value (return on investment) – use consistent methodology e.g. HACT or new Manchester model
- Ask service users and ex-service users (who have been through the process)
- Reduction in hospital admissions for supported housing clients
- Context and geography – service context, local economy – talk to providers' forum
- Costs saving that these services generate for other services
- Capture data around the external impact of not being able to exit / move-on from services
- Length of contracts and management fees
- Landlord can deliver efficiencies / savings when they provide both landlord and support provider function (cross subsidy – intensive housing management)

Considering that there may be gaps in current provision, Should we consider increasing funding in some areas to reduce need / demand in others? Which areas do you think this might apply to?
- Should not consider this approach – areas and needs fluctuate
- Early intervention / education surrounding mental health
- Longer term, low need support services

- Specialist support for issues that are barriers for providers (e.g. MH & drugs)
- Direct access for 16 – 25 yr olds - referral and assessment centre (e.g. Time stop P'boro) – allows joined up assessment and better crisis management
- Young people supported housing in South Cambs
- High needs post 18 clients - extra service support
- Floating / visiting support – prevention of homelessness where achievable
- Still a need for crisis intervention and accommodation
- Speed up move - on (requires more housing stock / accommodation)
- Hospital discharge planning – partnership working
- Mental health provision – early intervention and ongoing low level support (not passed from pillar to post)

The scale of this savings challenge provides an opportunity to look at how services are provided and explore new and innovative models for delivering housing related support to vulnerable people in Cambridgeshire & Peterborough. What do you think are the key things that need to form part of a model which is both sustainable and which can deliver successful outcomes? How do we ensure meaningful engagement with partners and commissioners as part of this process?

- Multi agency working
- Workshops with providers and service users
- Ensure social care and health are linked – clear model and pathways
- Holistic approach
- How successful outcomes will be measured
- DO NOT consider 'payment by results' approach – this has been proven NOT to work
- Prevention / early intervention
- Centralised common assessment and referral
- The right services, in the right place at the right time – know what is currently available – mapping exercise
- Research – what work elsewhere? Good practice examples
- Increased areas of demand e.g. national rise in homelessness – at crisis point but funding being reduced.
- New duties of Homelessness Reduction Act
- Ongoing floating / resettlement support provided by someone they already have a relationship with e.g. their supported housing provider to prevent 'merry go round' of housing and return to services
- Joined up system that allows providers and referrers to work together to address support needs, prevent evictions and get the right support in place first time round
- Better planning / notice around hospital discharge
- Must address issue of a lack of move-on provision for clients ready to move on or we will continue to have 'bed blocking' and lose the momentum built up with clients who are ready to go
- Flexibility in deployment of staff providing support
- Floating support would be a good model for some current supported housing services - i.e. those with visiting support and low needs
- Triage people at point of need and place them in the most appropriate service e.g. floating support, supported housing (only if needed) – or give advice and minimal follow up i.e. have an operational model that filters people out of the system and provides the lower end of service suitable to meet their needs – helps ration services in a managed way
- Specialist services as hubs for a wider community service