



Presentation to the Health and Wellbeing Board 17th September 2020

1. Health, Care and Housing Memorandum of Understanding
2. Homelessness Reduction Board

Purpose

- To establish a commitment to enhanced integrated strategic commissioning within the health, care and housing system
- This to be achieved through:
 - The adoption of the **Health, Care and Housing Memorandum of Understanding**
 - The pursuit of associated activity including (initially and as a priority) the establishment of a **Somerset Homelessness Reduction Board**

Background

- Various recent national drivers for integrated commissioning (health, care and other services, especially housing) with a focus on prevention
 - Health and Social Care Act (2012)
 - The Care Act (2014)
 - Sustainability and Transformation Plans (2015)
 - Homelessness Reduction Act (2017)
- Local demographic challenges
 - Ageing population with specific housing requirements and health/care needs
 - A significant proportion of the population living in cold / unsafe homes with associated system wide costs
 - Significant numbers who are rough sleeping / road side dwellers
 - Rising incidence case complexity and associated costs
- A growing evidence base illustrating that housing is a key social determinant of health and a driver of health inequalities

Health, Care and Housing MoU

- Improving Health and Care through the home: A National Memorandum of Understanding - Published February 2018
- <https://www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou>
- Signatories include: adass (directors of adult social care), LGA, MHCLG, National Housing Federation, NHS England, NHS Property Services, PHE, Royal Town Planning Institute, St Mungos, Association of Directors of Public Health, Dept of Health and Social Care, & Homes England (among others)
- The proposed Somerset MoU takes it lead from the National MoU - adapted to local circumstances

Health, Care and Housing MoU

The MoU sets out:

- our shared commitment to joint action across local government, health, social care and housing sectors in Somerset
- principles for joint working for better health and wellbeing outcomes, and to reduce health inequalities
- a framework for Somerset and district cross-sector partnerships to provide healthy homes, communities and neighbourhoods
- conditions for developing integrated and effective services to meet the needs of individuals, carers and families with a range of local stakeholders
- what shared success might look like
- some suggested priority activity

Health, Care and Housing MoU

The MoU is our local ‘duty to cooperate’ on matters relating to health, care and housing:

- To be agreed initially by 11 partners (the Health and Wellbeing Board), but will seek to add more through consultation and engagement with other groups
- Others to be engaged:
 - Local providers / potential providers of commissioned services
 - Registered housing providers
 - Regional bodies such as PHE (SW) and RTPI (SW)
 - Voluntary and Community Sector

Health, Care and Housing MoU

Indicators of success

- Better strategic planning - with housing being a fundamental consideration in the development of new strategy and commissioning arrangements
- Better understanding of the preventative role of housing
- Greater collaborative care
- Better use of resources
- Improved signposting
- More shared learning
- Wider sector engagement



Health, Care and Housing MoU

How do we get there? Suggested priority activity:

- Rough sleeping and complex homelessness (commence 2020)
 - Somerset Homelessness Reduction Board / explore options for the strategic and integrated commissioning of services to support rough sleepers and complex homeless
- Independent Living (commence 2021)
 - Prevent and/or delay admission to hospitals and care settings & prevent delayed transfer of care or facilitate discharge of individuals from hospital/or residential care
 - Maintain older and disabled people's ability to live independently in their own home and community for as long as possible
 - Reduce chances of a life changing health event by initiating prevention policies and action
- Climate Change (commenced 2019)
 - The health and wellbeing of the population is a fundamental consideration in our response to the climate emergency, including the need to retrofit existing housing and ensuring the thermal comfort of new property
- Gypsy and Travellers (commenced 2020)
 - To continue to provide wrap-around support to this vulnerable group and to work towards the provision of temporary / permanent transit facilities across the county
- Health Impact Assessments (commence 2021)
 - Develop countywide guidance to support the consideration of new housing development

Health, Care and Housing MoU

A note on Children and Young People

- There is a lot of strategic planning to do to ensure our young people can achieve sustainable independence in terms of safe, affordable housing and a good education/employment. Through the P2I service, we are aware of many potential obstacles, such as engagement with / prioritisation within Homefinder Somerset, and the lack of Move-On accommodation. Whilst the MoU does not suggest a specific CYP related workstream, it is important to note that the above issues are matters for consideration within the three work strands falling under 'Rough Sleeping and Complex Homelessness'. In addition, the health and wellbeing of CYP will also be central to any conversations concerning independent living, climate change, gypsy and travellers and the quality of new development

Homelessness Reduction Board

A proposal from the Somerset Strategic Housing Group (SSHG), Public Health and Homelessness Managers Group (HMG)

National policy drivers and evidence

- MHCLG - Tackling Homelessness Together: A consultation on structures that support partnership working and accountability in homelessness (February 2019)
- LGA - Making homelessness strategies happen: ensuring accountability and deliverability (2019)
- St Mungos - <https://www.mungos.org/publication/tackling-homelessness-together-st-mungos-response-to-the-consultation/>

Homelessness Reduction Board

Local drivers and evidence

- Local need and demand for enhanced partnership working around rough sleeping and complex homelessness was summarised and discussed in the recent report to the Somerset Health and Wellbeing Board (16th July 2020)
 - <https://democracy.somerset.gov.uk/documents/b3606/Rough%20Sleepers%20and%20Complex%20Homeless%20Report%2016th-Jul-2020%2010.00%20Somerset%20Health%20and%20Wellbeing%20Board.pdf?T=9>

Rationale

- To eliminate rough sleeping and homelessness by looking at the issue systematically. To deliver strategic coordination to the development and delivery of services
- To centralise all key strategic decisions associated with rough sleeping and homelessness prevention (health, care, justice, employment)
- To involve all key strategic stakeholders to ensure that rough sleeping and homelessness is not just seen as a housing issue. Action to prevent homelessness needs to be taken in every aspect of society
- To tackle structural issues that impede the effectiveness of local services. To take a strategic view to design out homelessness - creating services and pathways that make it close to impossible to be rendered homeless

Purpose

- The HRB is responsible for tackling rough sleeping and homelessness across Somerset where local partners work together to end homelessness
- The HRB will agree the local strategic direction and vision required in order to support the prevention of homelessness and to tackle rough sleeping, particularly where issues require an integrated response across a range of organisations

Objectives

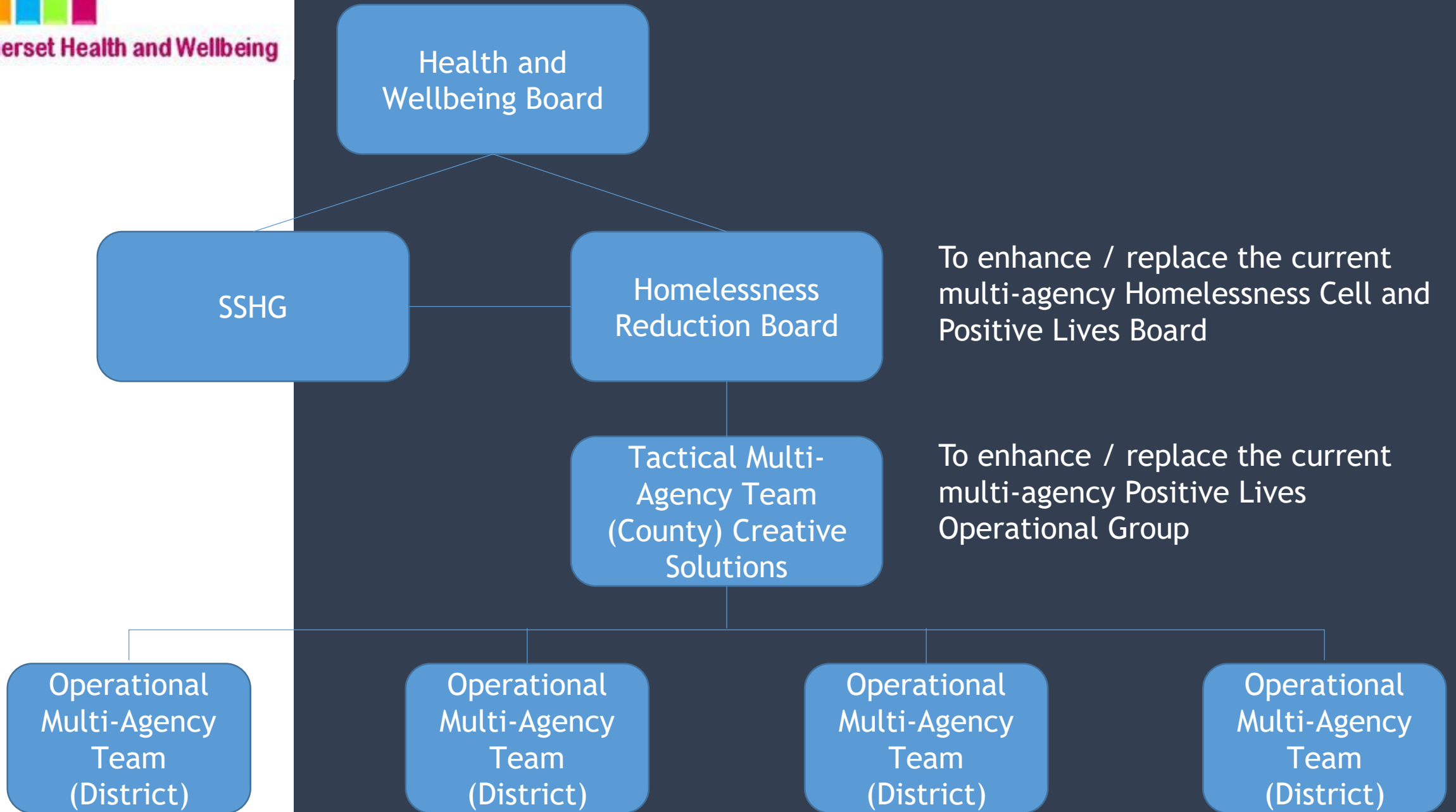
- Key elements to include:
- To ensure a clear and strategic collaborative approach is in place
- To agree the strategic vision and monitor progress
- To ensure that robust strategic links are in place to other strategies and boards
- To support and promote the coproduction of the Homelessness and Rough Sleeper Strategy, and provide the forum to implement and monitor the supporting action plan
- To use data, evidence, and user / lived experience to identify the homelessness challenges across the county
- To focus on preventative interventions
- To focus on person-centred / strength based interventions
- Ensure multi-agency operational forums are in place to help resolve complex cases (and safeguarding concerns)
- To identify and coordinate across all partners the effective use of funding
- To ensure appropriate sub-groups, task and finish groups and forums are in place

Membership

- Members of the Board could include the local authorities (district council housing / county council social services - elected members and / or senior officers), those responsible for other relevant statutory services (public health, CCG, NHS, probation, police), and voluntary sector organisations working with those who are homeless (or at risk of becoming homeless) or rough sleeping
- Board members would need to be sufficiently senior and influential in their own organisations to be able to take strategic decisions at the Board on their organisations behalf (including budget / commissioning decisions) and ensure that actions they commit to on behalf of their organisations are delivered
- Elected members could have positions on the Board to gain traction and galvanise action, or the Board could be purely lead by services
- It could be beneficial to have the voice of someone with lived experience of homelessness (an expert by experience) although this could be built in within other elements of the governance structure

Governance

- The following slide shows a simplified diagrammatic view of the proposed governance arrangements for the Homelessness Reduction Board
- The HRB will report directly to the Health and wellbeing Board
- Beneath the HRB are links to tactical and operational groups (many of which currently exist)
- It will be for the HRB to establish its relationship with tactical and operational delivery and the structure that sits beneath it
- *Note: the proposal before the HWB relates only to the HRB. It does not seek to influence any current or proposed structure that sits beneath it*



Accountability

- Reports annually (annual report) to the HWB
- Joint responsibility (alongside the district councils) for delivering the statutory Somerset Homelessness and Rough Sleeper Strategy*
- Subject to Scrutiny

* District councils have the statutory responsibility to prepare a homelessness and rough sleeper strategy.

Resources

- No budget (initially - this may come later dependent on future commissioning arrangements)
- Time to attend meetings
- Cultural commitment to health, care and housing integration
- Will need to inform / help coordinate all strategic commissioning arrangements through a systems wide perspective, including:
 - P2I
 - Step Together
 - Positive Lives
- Will need to oversee any work relating to strategic integrated commissioning relevant to rough sleeping and complex homelessness
- Explore opportunities to apply in partnership for external funding to develop homelessness services
- There is a need to identify administrative support (each partner on a rotating annual basis?)

Other considerations

- It will be for the HRB to define its Terms of Reference
- A commitment to the coproduction of structures that sit beneath the HRB
- Meets as a minimum every two months initially
- Risks
 - Legislative changes
 - Unitary proposals (although the HRB is desirable in this context)

Consultation and Engagement

- The following have been contacted and invited to comment:
 - Homelessness Cell
 - HWB Executive
 - SSHG / relevant housing PFH
 - Positive Lives Strategic Group, including providers such as Arc, Elim, Nelson Trust, YMCA etc
 - Safer Somerset Partnership
 - SSPC
 - Commissioners of support services
 - Homefinder Monitoring Board
 - Homelessness Managers Group
 - MHCLG