

Improving Health Through the Home – a Health, Care and Housing Memorandum of Understanding for Somerset, and the establishment of a Somerset Homelessness Reduction Board

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<p>Summary:</p>	<p>This report develops the ideas presented in the report to the Health and Wellbeing Board on 16th July 2020 titled: <i>Rough Sleepers and Complex Homeless – Covid response, lessons learned and planning for the future.</i></p> <p>Action is needed to deliver improved collaboration between the health, care and housing systems, in order to improve the health outcomes of home owners, tenants and the homelessness population. In order to help achieve that, this report proposes the adoption of a Health, Care and Housing Memorandum of Understanding.</p> <p>In addition, the partnership response to protect both rough sleepers and those homeless with complex issues during the COVID pandemic has proven that improved collaboration at a senior leadership level can make a significant positive impact to the experience and health outcomes of this cohort of people. We cannot afford to lose the momentum that we have created. This report therefore also proposes the establishment of a Somerset Homelessness Reduction Board. This will sit within the governance framework of the Health and Wellbeing Board.</p>
<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board agrees</p> <ol style="list-style-type: none"> 1. To adopt the proposed Memorandum of Understanding - Improving Health and Care Through the Home in Somerset. 2. Approve the establishment of a Somerset Homelessness Reduction Board (HRB) to sit within the governance framework

	of the Somerset Health and Wellbeing Board. The HRB to be operational before or during February 2021.								
Reasons for recommendations:	Improving Lives (the Somerset Health and Wellbeing Strategy) and the Somerset Housing Strategy were both adopted during 2019. Both recognise that housing is a key social determinant and that housing conditions and housing circumstances are a driver of health inequalities. In order to deliver on health, care and housing priorities, it is widely recognised (nationally and locally) that enhanced collaboration is needed at a strategic/systems wide level.								
Links to The Improving Lives Strategy	Please tick the Improving Lives priorities influenced by the delivery of this work								
	<table border="1"> <tr> <td>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td>x</td> </tr> <tr> <td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td>x</td> </tr> <tr> <td>Fairer life chances and opportunity for all</td> <td>x</td> </tr> <tr> <td>Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td>x</td> </tr> </table>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	x	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	x	Fairer life chances and opportunity for all	x	Improved health and wellbeing and more people living healthy and independent lives for longer	x
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It is critical that we enhance collaboration and partnership working in the realm of housing and its interrelationship with health and care services (and indeed, other parts of 'the system' including town planning and crime). Housing is deeply connected to care and health and, when one part of the system fails, there are repercussions for individuals and families, as well as financial impact on services. Through enhanced collaboration, we can make progress against all of the above priorities.									
Financial, Legal, HR, Social value and partnership Implications:	Financial, Legal and Social Value: none at this stage. Subject to the recommendations above being approved (and giving a green light for further detailed work e.g. the establishment of a HRB) these will then be thoroughly explored alongside specific proposals and reported to appropriate commissioning groups, democratic decision making bodies etc Partnership Implications: significant. This report seeks enhanced partnership arrangements within the sphere of health, care and housing.								
Equalities Implications:	Comprehensive Equalities Impact Assessments (EIA) were recently completed to inform the development of the Somerset Housing								

Strategy (2019) and Somerset Homelessness and Rough Sleeper Strategy (2019). These EIA illustrate that it is the vulnerable who are often disadvantaged in relation to housing conditions and housing circumstances. For example (the following list is not exhaustive):

- Age: for the elderly - trips and falls, dementia, cold homes, lack of accessible/adapted properties, rising incidence of homelessness. For the young – increasing incidence of homeless, care leavers and access to supported accommodation and move-on accommodation, overcrowding, rising incidence of case complexity, 'sofa surfing', reluctance to use/lack of awareness of Homefinder;
- Armed Forces Veterans: case complexity, need for support services, access to Homefinder;
- Race and Ethnicity: language barriers, exploitation, overcrowding, hate crimes, failure to meet the housing and health needs of the gypsy and traveller community;
- Disability: increasing complexity of mental health problems for rough sleepers/complex homeless, lack of accessible/adapted properties for physical and mental disabilities;
- Rurality: social isolation, distance from services, distance from gas network (contributing to fuel poverty), lack of transport options.

The development of the MoU is a high level commitment amongst partners to collaborate on matters relating to health, care and housing. Understanding equalities considerations, and making progress in relation to such matters is referenced within the MoU. The enhanced collaboration proposed by the MoU will help address the issues highlighted above.

For example, the Homelessness Reduction Board will want to take a fresh look at the Somerset Homelessness and Rough Sleeper Strategy and accompanying Action Plan. Any revisions to the action plan will need to be informed by the existing EIA and also by ongoing refinement of the EIA. In addition, there is ongoing evidence gathering – e.g. Vulnerability Pathways and Health Needs Assessment. Both of these pieces of work will provide a rich source of equalities relevant data to inform the development of specific proposals/future commissioning arrangements.

Risk Assessment:	<p>There are significant risks around the failure to maintain and enhance coordination of service delivery within the sphere of housing, health and care:</p> <ul style="list-style-type: none"> • Risks to an individual's health • Risks to partner relations • Impacts on budgets across systems as we lose coordination <p>The HRB will wish to monitor issues and risks within the field of rough sleeping and complex homelessness.</p> <p>There are risks to collaborative working should we fail to engage appropriately with all partners on the development of the MoU and the HRB</p> <p>These proposals (MoU and HRB) should assist the strategic conversations around the delivery of a Unitary authority (or authorities) rather than present any significant risks.</p>
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1. Background

1.1. This report develops the ideas presented in the report to the Health and Wellbeing Board on 16th July 2020 titled: *Rough Sleepers and Complex Homeless – Covid response, lessons learned and planning for the future*. This report responds to the specific recommendations arising from that meeting, namely:

This report seeks to:

- provide the context to the development of a Memorandum of Understanding on matters relating to health, care and housing in Somerset;
- provide the context to the establishment of a Somerset Homelessness Reduction Board;
- provide the evidence required for the HWB to adopt the draft MoU (Appendix A) and support the establishment of the Somerset Homelessness Reduction Board (Appendix B).

Strategic Context

1.2. Improving Lives (the Somerset Health and Wellbeing Strategy), the Somerset Housing Strategy (SHS) and the Somerset Homelessness and Rough sleeper Strategy were all adopted during 2019. All recognise that housing is a key social determinant and that housing conditions/circumstances are a driver of health inequalities. In order to deliver on health, care and housing priorities, it is widely recognised (nationally and locally) that enhanced collaboration is needed at a strategic/systems wide level. Nationally, key drivers include the following:

- Health and Social Care Act 2012
- Care Act 2014
- Sustainability and Transformation Plans 2015
- Homelessness Reduction Act 2017

In addition, there are specific demographic challenges that necessitate collaborative working:

- Ageing population with specific housing requirements and health/care needs (in addition to other groups with specific housing and care needs e.g. children and young people).
- A significant proportion of the population living in cold/unsafe homes.
- Significant numbers who are rough sleeping/road side dwellers.
- Rising incidence of case complexity.

All of the above generate systems-wide costs and require systems-wide solutions (*triple-loop thinking – refer to the works of Chris Argyris*) in order to deliver transformational change.

A National Memorandum of Understanding for Health, Care and Housing

- 1.3.** Recognising the interplay of health, care and housing services (and indeed, other related services) and the need for greater collaboration, the following was published in 2018:

Improving Health and Care Through The Home: A National Memorandum of Understanding

This is signed by all key national partners: MHCLG, NHS, Public Health England, LGA, National Housing Federation, Department of Health and Social Care, Homes England (among many others).

A Memorandum of Understanding for Somerset

- 1.4.** The SHS identifies many priorities where collaboration is a necessity. However, delivering transformational change within the sphere of health, care and housing is complex. To explore this, a workshop was held in Autumn 2019 between the Health and wellbeing Board (HWB) and the Somerset Strategic Housing Group (SSHG). Ensuring strategic collaboration (as a first step) was a recurring theme. To help achieve this, it was informally agreed that we should explore the concept of a MoU for Somerset. Conversations around the MoU have been ongoing, with the recent Covid response demonstrating the value of enhanced collaboration.

Attached, at Appendix A, is the draft MoU for health, care and housing in Somerset. It takes its lead from the national MoU, but goes on to reflect

circumstances relevant to Somerset.

The draft MoU is effectively our local 'duty to cooperate' on matters relating to health, care and housing.

It is proposed that all partners on the HWB should be signatories to the MoU and we should seek, thereafter, to secure additional support and buy-in. The National Probation Service, Office of the Police and Crime Commissioner (Avon and Somerset) and Aster Homes have recently agreed to be signatories. To these we can also add Arc Inspire. We hope that others will follow.

Suggested Priority Activity

- 1.5.** The proposed MoU contains specific 'indicators of success', including better strategic planning, better understanding of the preventative role of housing and greater collaborative care (among others). In order to achieve success, the MoU suggests that there are five areas that should be the focus of initial attention. These reflect priorities within the Somerset Housing Strategy and the Somerset Homelessness and Rough Sleeper Strategy (and associated EIA):

- Rough Sleeping and Complex Homelessness
- Independent Living
- Climate Change – aspiring to zero carbon homes that deliver thermal comfort
- Gypsy and Travellers
- Health Impact Assessments

A note on children, young people and families: 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'. We envisage a senior children's commissioner being a member of the HRB.

Homelessness Reduction Board

- 1.6.** The work of the Homelessness Cell (referred to extensively within my report to the HWB dated 16th July 2020) evidenced the success of enhanced partnership working in relation to rough sleepers and complex homeless. Working together, 150+ rough sleepers were removed from the streets and wrap-around support provided (although admittedly, this did vary across the county and that is a matter that needs to be addressed). The strength of the partnership working can be evidenced in quotes:

In terms of multi-agency collaboration between statutory and voluntary agencies, the impact of the national drive and the innovative local arrangements has been tremendous. Developments that have already come to fruition have ensured that service provision has been more accessible and better targeted to those needing earlier preventative support as well as those at crisis point. The joint planning for the future developments will continue to enhance the offer and the way people receive the support and services we all provide.

NHS Somerset rep to Homelessness Cell (COVID)

There exists a strong culture, within Somerset, of collaboration and innovation in relation to the Homeless and Rough Sleeper cohort and because of this we were well placed to react to the call for 'everyone in' and establish our Covid-19 Homelessness (Rough Sleeper) Cell. What we could not have anticipated however was the exceptional collaboration that resulted, not just in relation to providing safe accommodation but in relation to the wider provision of health and wellbeing services and support. Our team of professionals across a range of crucial services grew rapidly and the trusted relationships formed during the initial phase have endured. There is now a significant determination to continue to improve lives for this socially isolated and vulnerable cohort into the future and work has already begun to embed this way of working as our new business as usual approach. Together we have avoided any outbreaks within the emergency accommodation whilst at the same time improving our approaches to preventative healthcare, diagnosis testing (Hepatitis), substance misuse and mental health support. That we have also saved lives as a consequence of the valuable lifesaving skills training delivered over the same period is testament to the dynamic and agile partnership that we have developed.

Public Health Somerset rep to Homelessness Cell (COVID)

- 1.7.** We cannot afford to let go of this excellent work. Indeed, there is a need to enhance collaboration, as the warning signs are one of increased demand for services as more individuals find themselves homeless and presenting with a range of associated health and care related conditions. The Government has recently extended the ban on evictions until mid/late September. Thereafter, experts warn of rising incidence of homelessness and rough sleeping that will start slowly (as the courts begin to consider cases) and swiftly move to a deluge of cases. Homelessness Link (the national membership charity for organisations working directly with people who become homeless) state that we are currently 'looking down the eye of storm'.

The natural next step is, therefore, the replacement of the Homelessness Cell (which was always seen as a temporary arrangement) with a Somerset Homelessness Reduction Board (HRB). HRB are advocated by MHCLG, the LGA and have strong support within the Charity Sector. Key reference documents are highlighted at Section 5 below. HRB are slowly being established across the country. In developing our proposals, we have sought advice from both Bournemouth, Poole & Christchurch and Southwark. Current HRB are within Unitary authorities. We are currently unaware of any two tier locality with a

HRB.

Appendix B provides the background information on the proposal for a Somerset HRB, including:

National and local policy drivers

Local need and demand

Rationale

Governance (simplified)

Purpose

Objectives

Membership

Accountability

Resources

Transition

- 1.8.** There will need to be a transitional period before we can move to the establishment of the HRB. Existing partnership arrangements will need to be mapped in detail, and conversations regarding appropriate membership (and seniority of membership) need to be resolved (assisted by the MoU) and Terms of Reference (ToR) refined. There will need to be ongoing dialogue with all parts of the system that seek to support rough sleepers and complex homeless (including the Voluntary and community sector). We anticipate that this will take three to four months to complete, with an inaugural meeting of the HRB taking place no later than February 2021. Ultimately, it will be for the HRB to define its ToR (including membership) and the reporting structures that sit beneath it (tactical and operational – the majority of which currently exists). Initially, we see no need to disrupt existing commissioning boards (e.g. P2I, Step Together, Positive Lives) – rather, the HRB will sit above these (and other arrangements) and provide strategic coordination/problem solving capabilities. One of its first tasks will be to review the action plan that supports the Somerset Homelessness and Rough sleeper strategy.

Governance and reporting

- 1.9.** The HRB will sit within the governance framework of the HWB.

It is proposed that an annual progress report be coordinated and submitted covering all relevant housing activity that sits within the remit of the HWB i.e. MoU, HRB and SSHG.

2. Improving Lives Priorities and Outcomes

- 2.1.** Housing impacts significantly on health inequalities, through poor housing standards (e.g. cold and damp, trip hazards), inappropriate housing (too big, too small, lack of level access, no adaptations) and insecurity of tenure (inability to pay your rent, leading to eviction, homelessness and possibly rough sleeping). The Somerset Housing Strategy, Improving Lives and the Somerset Homelessness and Rough Sleeper Strategy all recognise this relationship. Please refer to the section titled 'Links to the Improving Lives Strategy' above.

3. Consultations undertaken

- 3.1.** During October 2019 a workshop was held between the members of the Health and Wellbeing Board and the Somerset Strategic Housing Group. It was here that the idea of a MoU for Health, Care and Housing was first considered and informal agreement given to explore the concept.

The concept of a HRB has been discussed with the COVID Homelessness Cell during the past few months.

Formal consent to explore both the above was provided at the Health and Wellbeing Board on 16th July 2020. Since then, we have consulted with the following partnerships/groups:

- District council portfolio-holders for housing
- Homelessness Cell (COVID)
- Somerset Strategic Housing Group
- Positive Lives Board
- Commissioners of housing support services (P2I, Positive Lives, Step Together)
- CCG – senior commissioners
- Somerset Registered Housing Providers (Director's Group)
- Safer Somerset Partnership
- Somerset Strategic Planning Conference
- Homelessness Managers Group
- Homefinder Monitoring and Management Board
- MHCLG

The feedback that we have received has been overwhelmingly positive (with a number of partners wishing to be signatories to the MoU). Some have provided comments and suggestions to improve the content of the MoU and the proposal for the HRB. Children Services have raised concern over whether children, young people and families have been appropriately considered. See paragraph 1.5 above.

We shall continue to engage partners on both the MoU (seeking support and signatories) and the HRB (to refine the proposal).

4. Request of the Board and Board members

4.1. It is essential that we enhance the collaborative work in the field of health, care and housing. This report has evidenced two proposals that will ensure that significant progress is made towards this endeavour. The HWB is asked to:

- adopt 'Improving Health and Care through the Home in Somerset – A Memorandum of Understanding';
- approve the establishment of a Somerset Homelessness Reduction Board, to sit within the governance framework of the Somerset Health and wellbeing Board. The HRB to be operational before or during February 2021;
- ensure annual progress reports are received on both of the above.

5. Background papers

5.1. The following documents were used to inform the content of this report:

- Report to the Somerset Health and Wellbeing Board – 16th July 2020: Rough Sleepers and Complex Homeless – Covid Response, lessons learned and planning for the future
- Improving Health and Care through the home: A National Memorandum of Understanding (February 2018)
- Tackling Homelessness Together – A consultation on structures that support partnership working and accountability in homelessness (MHCLG – February 2019)
- Making homelessness strategies happen: ensuring accountability and deliverability (LGA)
- Bournemouth, Poole and Christchurch – Homelessness Reduction Board – Terms of Reference (May 2020)
- Equalities Impact Assessments used to help develop the Somerset Homelessness Strategy (2019) and the Somerset Homelessness and Rough Sleeper Strategy (2019)

6. Report Sign-off

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager/Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	Cabinet Member/Portfolio Holder (if applicable)	Clare Paul	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.