

Somerset Health and Wellbeing Board – 15th July 2021

Improving Health and Care Through the Home in Somerset – a Memorandum of Understanding: Progress Report

Appendix 1 – Progress Against the MoU Priority Areas

The MoU contains 5 priority areas:

- Rough Sleeping and Complex Homeless
- Independent Living
- Climate Change
- Transient and Nomadic Populations
- Health Impact Assessment

Below I have included the original descriptor of each priority within the MoU, and provided a commentary as to progress and next steps:

1. Rough Sleeping and Complex Homeless

Memorandum of Understanding

To more effectively coordinate the range of services that seek to support rough sleepers and those complex homeless who may be suffering with severe physical and mental health problems, as well as drug, alcohol and other addictions. There is a need to galvanise strategic leadership.

- *Deliver a Somerset Homeless Reduction Board*

The Covid response to rough sleeping across Somerset was organised through the Homelessness Cell. This achieved considerable results in a very short space of time. There is a need to quickly build on the momentum and achievements of the 'cell' and put in place a permanent arrangement for the strategic coordination of service delivery for this extremely vulnerable cohort of people. The HRB will report to the Health and Wellbeing Board and will be directly responsible for the delivery of the Somerset Homelessness and Rough Sleeper Strategy

- *Better futures for vulnerable people in Somerset*

*Somerset is a focus of an LGA Improvement Plan (Housing Advisors Programme). SSHG have received LGA funding and have commissioned Ark consultancy to deliver '**Better futures for vulnerable people in Somerset**'. This project seeks to build improved relationships and ways of working between district councils (housing), the commissioners and providers of housing support services, and registered providers, in order to better meet the housing, health and care needs of vulnerable people across Somerset.*

- *Integrated Commissioning*

A longer-term piece of work is to explore options for the strategic and integrated commissioning of services to support rough sleepers and complex homeless. Currently there are several commissioning bodies that seek to support rough sleepers and complex homeless (district councils, adults and children services, and public health). There is a need to take a whole system approach, with focus on prevention, to rethink our use of budgets and staffing resources, and explore and develop system wide coordinated interventions

Progress

The HRB has been established with an inaugural meeting taking place on 22nd April 2021. A subsequent meeting was held on 17th April. The HRB will meet every two months (initially) and contains senior representation from across the health, care and housing system (commissioners and providers). It also includes representation from the police, probation and DWP. We are currently exploring how to best include the 'client voice' within the work of the HRB. The HRB sits within the governance framework of the HWBB (see Appendix B to the main report) and is currently chaired by Claire Tough (Chief Executive of Homes in Sedgemoor), with Sophie Baillie (Second Step) as vice-chair. Step Together are also providing the administrative support.

The HRB is now responsible for the strategic coordination of activity relating to complex homeless and rough sleepers and has an overview of the effectiveness of tactical and operational activity that sits beneath it. Currently, the Covid Homelessness Cell continues to meet every two weeks, but this will soon merge with the Positive Live Operational Board to provide tactical (multi-agency) coordination.

Better Futures for Vulnerable People in Somerset was commissioned by the Somerset Strategic Housing Group (SSHG), funded by the LGA, and delivered by Ark consultancy. It was completed in December 2020.

[Housing Advisers Programme - Better futures for vulnerable people, Somerset | Local Government Association](#)

Better Futures (BF) is to be adopted as the (six theme) action plan for the HRB with workstream leads identified from a variety of partner agencies. Currently, capacity is an issue for each of the workstream leads and we are now exploring options to bring in external support. All four district councils have agreed to provide financial resources to help enable this.

The HRB has agreed to deliver 'at pace' the BF commissioning theme. This has two elements:

- Establish a task and finish group to look at tactical/operational support to complex homeless/rough sleeper settings, exploring the success of 'everyone in', the current situation, and what needs to happen now to maintain holistic operational support

- To begin work on strategic / integrated commissioning. Work to be scoped and a Project Initiation Document (PID) is to be agreed at the next meeting

The success of collaborative working across health, care and housing can be evidenced at Canonsgrove (Taunton), which is a rough sleeper hostel that was established under the Government's (Covid) 'Everyone In' initiative. After 12 months of operating, two thirds of the 'highly complex' people at Canonsgrove have either been moved on to settled accommodation or their needs have reduced. This is far better than was achieved previously at other settings. This is an affirmation of the strong partnership working and impact it can have when we all work 'shoulder to shoulder'.

For the next meeting (August) the HRB will seek to adopt the BF programme and begin regular progress monitoring through themed 'dashboards' and 'community metrics.'

In addition, the following work is also progressing:

Health Equality Partnership Programme (HEPP) – supported by funding from NHS England and linked to the ICS. The pilot initiative originally placed 2 health link workers in homeless accommodation settings. This pilot has now moved to a permanent footing, with the provision of 4 health link workers. The model has now advanced to consider a similar approach for Dual Diagnosis. Similarly, CYP are also working with the NHS to establish a Young Person's outreach nursing pilot.

NHS Leading for System Change – this work is seeking to inform the delivery of the ICS. Somerset has been chosen as one of seven national pilot areas. The work started in May '21 and a group of officers (public sector/VCS) have now met several times and have agreed to adopt three areas for focussed activity: ICS governance, neighbourhoods, and complex homeless/rough sleepers. The work on complex homeless/rough sleepers will complement the work described above (HRB). The work on neighbourhoods is also directly relevant.

P2I: innovation Fund – the current commissioned contract (with YMCA Dulverton Group and YMCA Mendip) has been extended to April 2023. The P2I services seeks to reduce youth homelessness through prevention and accommodation options. The commissioners have recently undertaken consultation with the young people within the P2I service, seeking their opinion on how the service can be improved. The challenges can be summarised as follows:

- Need to be more ambitious for our young people – support needs to be at population level and individual level
- Need to stimulate the provider market
- Much needed innovation and transformation in this area
- Lack of council alignment across Childrens, Adults and Public Health
- Silo working – not a system approach
- Imminent change in legislation in terms of unregulated provision becoming regulated

The P2I service has pulled together an innovation fund of £200k. The fund will be used to finance one-off pilots to inform the development of a newly commissioned service. District councils are being asked to help provide contributions to enhance the level of funding. The types of activity that could be funded include the following:

- Trialling different types of accommodation – training flats, supported lodgings approach
- Renovation projects on unused buildings to teach young people skills and the young person then takes on the tenancy
- Sustainable tenancy arrangements – supported rent models, lower rent models for those working
- Getting young people more engaged in education, employment and training Getting young people more engaged in positive activities
- Emotional health and wellbeing/ substance misuse support and access
- Psychologically informed practice and restorative approaches
- Support model that follows the young person that can be separate to accommodation
- Mentoring at any age
- Further development of independent living skills and focusing on inter-dependency
- Small, high support provision for those with complex needs

A simple bidding process is now underway. It is anticipated that pilot activity will commence in September.

Challenges / Next steps

- Capacity to deliver the Better Futures programme is an ongoing issue. We are seeking multi-agency funding to appoint a programme manager/advisor
- To deliver 'at pace' the review of commissioning arrangements (HRB/Better Futures Programme) and link this to the NHS Leading System Change programme.
- To explore this priority (complex homeless/rough sleepers) within the context of the ICS neighbourhood developments – how does homelessness fit into these conversations?
- To explore links with open access mental health services through Open Mental Health (SFT and VCSE)

2. Independent Living

Memorandum of Understanding

To ensure that more of our existing housing stock (all sectors) is good for health, enabling independent living for those with a range of physical and mental health conditions. Work should be focussed on the following:

- *Prevent or delay admission to hospital and/or residential or nursing care of individuals through a joined up understanding of what is required, improved communications, timely and responsive processes.*
- *Prevent delayed transfer of care or facilitate discharge of individuals from hospital/or residential care through building capacity and resilience within key staffing roles in health and housing as well as the suitable adapted stock types required.*
- *Maintain older and disabled people's ability to live independently in their own home and community for as long as possible and to promote their well-being, by providing choice and more control over their lives. Increasing assistive technology, recognition of the hoarding and mental health service provided by SIP.*
- *Reduce chances of a life changing health event by initiating prevention policies, activities and adaptations. Understanding the types of prevention packages that there are, improve partnership working and community self-help.*

Progress

Somerset Independence Plus (SIP) utilised the Better Care Fund to appoint a Hospital Discharge worker during September 2020. This post has delivered real impact, with over 75 cases referred. Current average bed blocking is down from 14 days to 7 days. Most cases present with issues such as homelessness, hoarding and mental health. Despite the challenge presented by the ongoing Covid pandemic, the post has been extremely successful. SIP is now to appoint an additional post as the work is too much for one person. Working with partners, SIP have introduced a monthly multi-agency practice development meeting to look at complex blockages and learning. Over the next 12 months, SIP is looking to expand the roles into the community hospitals and focus on proactive actions such as influencing pre-op meetings for elective surgery to understand housing needs. Communication between agencies including housing, health and social care has vastly improved as a result, and partners are recognising the benefits of working with housing more strategically.

This work is now beginning to influence the upcoming new build for affordable housing by threading in the intelligence of need. Looking at how the neighbourhoods work with GP's could link to the hospital role and again feed into housing need.

Besides standard adaptations, SIP has made significant progress in working with the affordable housing teams on new adapted properties with off-the-shelf designs for developers. SIP is also working with providers to assess the current sheltered housing provision and looking at how they could be best utilised in the future. Two community assets have recently been adapted (owned by Homes in Sedgemoor) for DDA compliance and modernisation.

SIP is also undertaking pilot work with SCC and Sedgemoor lifeline, looking to install 'plug and play' for assistive technology such as falls and temperature sensors. They have also produced new guidance for agencies on hoarding

and working with the RP's to look to how to manage tenancies to prevent hoarding (warning signs). SIP have received over 200 referrals for the Independent Living Officers of which ¼ were for hoarding. Good relationships have been made with the Fire Service and mental health services who besides referring in hoarding cases, also refer home safety checks.

There are many other initiatives that SIP has developed in partnership with health and care, some are listed below:

- A new stairlift loan facility to remove stairlifts from the DFG process
- A new Paeds Housing Options OT to assist the adult posts
- A revised Private Sector Housing Renewal Policy which has much more emphasis on prevention. The prevention grant has been increased from £1000 to £2,500 to reduce the number of clients going down the major adaptation route.
- Additional Trusted Assessors have been trained in SW&T (landlord service) and looking to train Trusted Assessors in Homes In Sedgemoor

Challenges / Next Steps

Understanding demand and need for specialist accommodation is a challenge for health, care and housing partners. SCC (Adults) are leading pilot research across SWT (working with SWT, Children Services and SIP) to understand demand and need. The methodology will be rolled out across the county. The results will be used to inform prevention-based activity, the ongoing role of current specialist accommodation, and the need for new specialist accommodation.

Following on from this, SSHG are to consider the possibility of developing an Older Persons Housing Strategy. This consider all forms of housing, including bespoke new build in the owner occupier sector.

We also need consider what more can 'housing' add to the Intermediate Care model? Where are the gaps between home based and bedded rehabilitation (e.g. extra care, younger adults/MH and Dementia accommodation)?

We need to develop links to ICS and CCG led Assistive Technology (AT) work as well as remote support tools (Attend Anywhere) to improve links to health services. The NHS Systems Leadership programme (described above) will help with developing links to the ICS.

Work towards integrating housing within ICS related joint strategic commissioning conversations (the NHS Leading for Systems Change programme will help to achieve this)

SCC plan to develop a new Joint Equipment Service Contract.

SIP plan to increase the number of Independent Advice Centres, building out two more in the next year.

A report is to be presented to the HWBB (probably Sept '21) to seek approval to expand the use of the Better Care fund for prevention initiatives, and to ensure that access to the service is consistent across the county.

3. Climate Change

Memorandum of Understanding

The Somerset Climate Emergency Strategy (2020), developed jointly in response to a 'climate emergency' being declared by the county's local authorities in 2019, has nine workstreams within it. Health is not one of them; however, four of the themes are of particular relevance to health. Water, and its provision, has a direct impact on health, discussions on housing, travel and food focus on how health co-benefits can be derived from our collective response to climate change. The health and wellbeing of the population is linked our responses across the housing, health and care systems to the environmental changes, how we adapt to them and how we try to reduce their severity. They are intertwined with physical and mental health, and with strength and resilience at a community level.

Progress

This is a priority where the MoU needs to provide more direction. At the time of writing the MoU, it was difficult to provide any degree of clarity as to the precise nature of the collaborative work required to meet the aspirations of the MoU. Since then, the recent publication of the JSNA has provided the evidence around the correlation between climate change and health, and how housing conditions (thermal comfort / access to affordable and appropriate fuel) can exacerbate or reduce the predicted impacts. It is recommended that this section of the MoU be redrafted to provide clarity.

Having acknowledged the need for more clarity, it is also important to note that there has been progress in this general field. Two examples are provided below, relating to the need to provide thermal comfort and address fuel poverty.

SIP was awarded (from BEIS) £518k (1A) and £800k (1B) to deliver the Local Authority Delivery Scheme (LADS). LADS is seeking to improve the energy efficiency of low-income households in the area. This will help to reduce fuel poverty, phasing out high carbon fossil fuel heating, and delivering progress towards the UK's commitment to net zero by 2050. The LAD scheme aims to raise the energy efficiency of low income and low energy performance homes (those with energy performance certificate (EPC) ratings of E, F or G, although Band D is also in scope in Phase 1B), including off-gas grid homes.

SIP was also successful in bidding to the Warm Homes Fund, securing £1.3 million to provide retrofit measures to improve the heating and energy efficiency of the fabric in social and owner occupied, and private rented properties. The Warm Home Fund also has funding for energy advice provision. This will be used to expand the advice given by the Centre for Sustainable Energy (CSE) and expand the advice role that HIS provide to their tenants into SW&T owned Council stock.

Challenges / Next Steps

There is a need to redraft the climate change priority within the MoU. The MoU needs to reflect on the content of the JSNA and the ongoing work to support the Somerset Climate Change Strategy. The MoU needs to identify specific areas of work where climate change mitigation can be advanced through the collaboration of health, care and housing services. It is recommended that this be done as part of the 'climate change update' that is to be presented to the HWBB during September 2021.

4. Transient and Nomadic Populations

Memorandum of Understanding

Transient and Nomadic populations refers to Gypsy, Traveller and Roma communities and people who are living in vans, cars, and campervans. There is currently a multi-agency Transient and Nomadic Populations Cell (COVID) that is chaired by the CCG. This groups seeks to provide facilities (sites, water, sanitation, waste disposal) as well as access to health and care advice and facilities. The good work of this Cell needs to continue in order to provide safe stopping facilities and protect the general health and wellbeing of this community

Progress

As a response to the Covid emergency, and in accordance with Government advice, two temporary transit sites were set up (within Mendip and Sedgemoor) during lockdown. These proved successful but are now (with the easing of restrictions) to be (have been) stood down. In addition, the Cell achieved the following:

- Secured agreement with district council partners to withhold enforcement action on unauthorised encampments (where no immediate risks presenting) and to provide facilities such as water, sanitation and refuse disposal
- Worked proactivity to keep the traveller community safe with the provision of health advice and signposting, and the targeted roll out the vaccines

The Gypsy and Traveller Liaison Officers (GLO) have proved invaluable in supporting the community, and providing that liaison with statutory services. They have also delivered cultural awareness training to statutory services across the county, helping the sector to gain a better understanding of the history and culture of the various gypsy, Romany and traveller groups.

Challenges/Next steps

The Covid Cell delivered excellent results during the height of the Covid crisis, achieving outcomes that would have been impossible without the

dedication and strength of that partnership. It is essential that we keep this partnership together. This could take the form of an amalgamation with the existing Gypsy and Traveller Practitioner Forum

There is a need to rethink the remit of this group. The group should also seek to support the settled community, as well as the transient and nomadic. This view is supported by MHCLG.

The district councils have jointly commissioned a review of the Gypsy and Traveller Accommodation Assessment. Following consultation with the traveller community, this is due to be completed during Autumn 2021. This will provide us with an up-to-date view of the accommodation needs (transit and residential) required across the county to meet the needs of this community. The results will be used to inform the 'development plan' process.

The county council and the district councils currently fund 2 x Gypsy Liaison Officers. These GLO do an excellent job of building bridges between the traveller community and public services. Their contracts are due to finish at the end of the calendar year.

The Cell continues to encourage councils to continue to delay enforcement action/continue to provide facilities on unauthorised encampments that present no immediate risks (highways/local community)

SDC, SWT and SCC have established a project group to explore opportunities for a transit site along the M5/A38 corridor. There is currently no transit site within Somerset.

SCC are looking to see if, through Elim Housing (a housing provider that specialises in the traveller community), a piece of work can be done to establish what land is available for sites - whether that is permanent, temporary or transit. SCC have the funding for this piece of work and would hope to have an initial report during the summer. Conversations are ongoing with other land-owners such as Diocese.

5. Health Impact Assessments

Memorandum of Understanding

Health Impact Assessment (HIA) uses a combination of procedures and tools, to systematically judge the potential effects of a policy or development on the health of a population and the distribution of those effects within a population. They add value to the decision making process by assessing potential impacts and recommending options for enhancing the positive and mitigating the negative to help reduce health inequalities.

- *To develop countywide guidance for the use of Health Impact Assessments, to help ensure that new homes and places are designed and built in a way that promotes health and wellbeing, to minimise negative impacts and support everybody in Somerset to live healthy, fulfilling lives. Work to be coordinated between*

*Somerset Strategic Planning Conference, Public Health (Somerset)
and SSHG, with advice from and Public Health (South West).*

Progress

Very little. HIA is designed specifically for the development plan (local plan) process, and for the consideration of major planning applications. Early engagement occurred with the Somerset Strategic Planning Conference (SSPC – a partnership of town and country planners from across the county) during March '20. It was agreed to establish a sub-group to explore HIA. But then the pandemic hit, and the planners have had little opportunity to engage with this conversation since. Sub-group not established.

Challenges / Next Steps

The last conversation with SSPC occurred on 27th April. SSPC are of the view that elements of existing planning policy considerations already lend themselves to this, for example, Environmental Impact Assessment. Also, the work around phosphates happening across the county. The suggestion is that these different elements to be brought together along with discussions with Bristol CC who have already initiated EIAs. A Graduate Support officer (SDC) has been made available to investigate this. A report will come back to SSPC on completion of this exercise

As SSHG, we are concerned that EIA may not be the best vehicle to deliver HIA. This is an area where we may need to identify additional resources to help move this conversation forward. For example, Torbay fund an officer that sits jointly within Public Health and the Town Planning service, to help deliver HIA guidance and practice. Such a move may be more achievable locally on commencement of Unitary Council(s).