

Agenda item: 10

Paper no: 6

| | Surrey County Council use | CCGs use |
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| Section 151 Finance cleared on: | 04/03/22 | xx/xx/19 |
| Legal cleared on | 04/03/22 | |
| Executive Director cleared on: | 08/03/22 | xx/xx/19 |
| Cabinet Member cleared on: | 14/03/19 | |

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| Title of Report: | MENTAL HEALTH ACCOMMODATION WITH CARE AND SUPPORT TRANSFORMATION PROGRAMME: EXTENSION OF HOUSING RELATED SUPPORT CONTRACTS | |
| Status: | TO APPROVE | |
| Committee: | Surrey-wide Commissioning Committees in Common | Date: 30/03/2022 |
| Venue: | Virtual: MS Teams | |
| Presented By: | Kirsty Gannon-Holmes, Senior Mental Health Commissioning Manager, Surrey County Council | |
| Author(s)/ Lead Officer(s): | Kirsty Gannon-Holmes, Senior Mental Health Commissioning Manager, Surrey County Council and Zoe Henry, Strategic Commissioning Development Support Manager | |

Executive Summary:

Housing Related Support (HRS) services help socially excluded groups of people within Surrey to obtain benefits and manage money; provide support to improve safety, health and wellbeing; help to avoid social isolation; to access mainstream services, manage everyday tasks, to develop new skills and move into employment. They are early intervention and prevention services, which aim to prevent, reduce or delay access to Adult Social Care (ASC). They consist of accommodation-based services for people experiencing homelessness, people with mental health needs and other marginalised groups alongside floating support services.

The HRS existing contracts have been in place since 2014 and renewed annually. The review has identified that one of the barriers facing providers is the short length of the contracts. The review also highlighted that the level of need and complexity of demand has changed. Extending the contracts will give ASC sufficient time to work with providers and other partners to understand how services can be re-shaped to meet the change in demand and need.

This report is asking for approval to extend the length of the contracts to three years, plus one, plus one. This length of contract is in line with other recent contracts that have been tendered for by ASC. The contract value will not increase because of the extension to the length of the contracts. No additional funding is being sought as part of this request.

Governance:

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| Conflict of Interest: The Author considers: | None identified | ✓ |
| | CONFLICT(S) NOTED • None | |
| Previous Reporting: (relevant committees/ forums this paper has previously been presented to) | This recommendation was presented to the Commissioning Collaborative on 11.03.22. It also formed part of the Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for People with Mental Health Needs paper approved by Cabinet on 30.11.21. Committee name: Commissioning Collaborative Meeting date: 11/03/22 Outcome: Approved. | |
| Freedom of Information: The Author considers: | Open – no exemption applies. Part I paper suitable for publication. | ✓ |

Decision Applicable to:

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| Decision applicable to the following partners of the Committees in Common: | Surrey County Council | ✓ |
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Recommendation(s):

The Surrey-wide Commissioning Committees-in-Common are asked to:

1. Approve the extension of Housing Related Support contracts for Supported Living and Homeless services commissioned by the Adult Social Care, Mental Health Commissioning Team to three years, plus one, plus one.
2. Approve the extension of the Housing Related Support contracts for Floating Support commissioned by the Adult Social Care, Mental Health Commissioning Team, to three years.

Reason for recommendation(s):

The extension in contract length will give providers the security and stability they require to invest in services, make long term plans and work with ASC to re-shape existing services and support to meet existing and emerging needs. The length of contract being requested is in line with other recent contracts that have been tendered for by ASC. The contract value will not change because of the extension to the length of the contracts.

Next Steps

- Take paper to Committees in Common on 30th March 2022.
- Extend contracts from 1st April 2022 to 31st March 2025.
- Work with procurement, legal and finance to prepare contracts for sign off by 1st April 2022.
- Outcomes will be communicated with the HRS providers, District & Borough colleagues by the ASC Mental Health Commissioning Team.
- There will be ongoing work with commissioners, providers, partners and people with lived experience to ensure that these services continue to meet the needs of people in the most appropriate way.

1. Details:

1.1 Context of HRS services:

1.1.1 'Supporting People' as it was originally branded, was launched in 2003 as the government's national programme for housing related support. It was a partnership programme of joint working relationships with service providers and partner agencies such as Borough and District Councils, probation, and health. The programme was initially managed by a discrete team of commissioners and a national monitoring system.

1.1.2 The funding was originally ring-fenced by government, but this has since been removed. In 2012 a decision was made to bring housing related support and the associated budget into ASC.

1.1.3 In 2017 ASC undertook a large-scale review and consultation on HRS. As a result of the review, Cabinet agreed on [26.09.17](#)ⁱ to cease HRS funding for older people (sheltered accommodation) and for people with learning, physical and sensory disabilities.

1.1.4 The 2017 review agreed to continue funding for the socially excluded: those with mental health issues, those who are homeless or at risk of homelessness, ex-offenders and the gypsy and traveller community but at 20% reduction on the values of the contracts.

1.1.5 Mental Health formally became part of the Accommodation with Care and Support (AwCS) Transformation Programme in November 2021. This was endorsed by a paper taken to SCCs [Cabinet on 30.11.21](#)ⁱⁱ. The mental health AwCS programme will contribute to tackling health inequality and empowering our communities by making sure no one is left behind. It will enable a strong focus on prevention and addressing services gaps, alongside improving outcomes for people with mental health needs. It will achieve this by focusing on three specific areas: a place to call home, support to recover, and short-term support. The HRS review is part of workstream two 'support to recover.'

1.1.6 The HRS services currently being commissioned fall into three main groups: floating support; supported living accommodation and homelessness accommodation. There are eighteen contracts delivered by sixteen providers. The contracts are currently a mixture of rolling contracts, direct awards and service level agreements that have been in place since 2014.

Floating Support - aims to prevent, reduce and delay vulnerable and socially excluded people from becoming homeless, by helping them to maintain their tenancies. Seven providers are commissioned to deliver this service in Surrey by SCC.

Supported Living – aims to provide access to specialist accommodation and care that supports recovery, promotes independence and integration into the community. Enables people to stay in Surrey and meets a range of needs of people with serious mental health and substance misuse problems. Six providers are commissioned to deliver this service in Surrey by SCC.

Homelessness Funding – aims to provide a range of homeless support including night shelters, short term support, long term support. Six providers commissioned to deliver this service in Surrey by SCC.

1.1.7 After extensive consultation with the HRS providers as part of the review, it was established that annual rolling contracts do not offer the stability needed to allow for long term planning and development of services. Extending the length of the contracts will give the providers in partnership with other organisations to re-shape their services to better suit the changing needs of the residents of Surrey and address the increased demands for mental health services.

1.1.8 Extending the length of the contracts supports recommendation 10 made by the Mental Health task group on [03.03.iii21](#), which stated that all future contracts to the third sector should be for five years. Extending the contracts will also give ASC sufficient time to work with partners to understand how services could be re-shaped to meet the change in demand and need.

1.1.9 The services provided through the HRS contracts should meet the following objectives:

- Supporting people to maximise their income.
- Supporting people to participate in community, leisure, cultural and faith-related activities.
- Signposting to other services where appropriate to assist in meeting people's identified support needs.
- Supporting people to establish and maintain contact with family and friends.
- Supporting people to maintain their physical and mental health.
- Supporting people to access local provision for home adaptations.
- Supporting people to maintain their tenancy and accommodation.

1.2. Surrey Homeless Needs Audit Report

1.2.1 [The Surrey Homeless Health Needs Audit Report](#) undertaken in 2016 showed that homeless people in Surrey are frequent users of GP, hospital and ambulance services. In contrast, those who are well housed, with appropriate levels of support, use health services far less. Vulnerable people who receive HRS are 30% less likely to use GP services and 30% less likely to go to hospital.

The impact of homelessness on health can be severe and wide ranging. Rough sleepers can suffer from mental health problems, severe depression, psychotic disorders, addictions or personality disorders, and families in temporary accommodation have a higher risk of illness than the general population.

1.2.2 The government introduced new duties for borough and district councils through the Homelessness Reduction Act which came into force in 2018. The Act amended the definition of homeless and extended the range of people that local councils must help.

Local housing authorities have a legal duty to secure accommodation for people who are homeless or threatened with homelessness. However, certain criteria need to be satisfied before an individual can receive this assistance and must be in 'priority need'.

1.2.3 The 2016 Surrey Homeless Health Needs Audit Report found that:

- 76.66% (or 243 of 317) of the homeless people interviewed at one time had been told by a doctor or health professional that they suffer from depression. This compares with an estimated 4-10% lifetime prevalence (LTP) of depression amongst the rest of the population
- 18.48% (or 56 of 303) said they had at one time been told by a doctor or health professional that they suffer from psychosis (including schizophrenia or bipolar disorder). This compares with a 0.4% annual prevalence for all psychotic disorders in the UK adult population

Mental health issues have a long association with stigma and discrimination and homeless people with mental health problems also run the risk of being excluded and falling between services.

1.3 Strategic context for supporting people with mental health needs

Supporting people with mental health needs is a priority in Surrey. A focus on improving mental health and wellbeing, particularly for those with severe and enduring mental health needs, fits with the [Community Vision for Surrey 2030^v](#) which states 'By 2030, Surrey will be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.'

SCC's [Organisational Strategy 2021 to 2026^{vi}](#) sets out four priority areas and this programme of work will contribute towards achieving two of those priorities, which are: 'Growing a sustainable economy so everyone can benefit' and 'Empowering Our Communities'.

[Surrey's Health and Wellbeing Board \(HWB\) published a 10 year Health and Wellbeing Strategy^{vii}](#) in 2019, with three priorities. This work relates to one of these priorities, "Supporting the mental health and emotional wellbeing of people in Surrey".

In response to rising pressures on mental health services a Surrey Mental Health Summit (The Summit) took place in November 2020. It was a valuable awareness raising and 'call to arms' event which renewed commitment and energy to work together

as system partners to design and invest in transformative solutions that will improve emotional wellbeing and mental health outcomes for residents of Surrey.

As a result of The Summit, a mental health partnership was established, and this partnership published a [Mental Health partnership Board Report^{viii}](#) and [Improvement Plan^{ix}](#) in June 2021 outlining areas for improvement in mental health services. The report placed a focus on a more preventative and early help approach, as well as improving access to and preventing gaps in mental health services.

Mental Health is also a clear priority as part of the 'No One Left Behind' agenda as announced by Leader of Surrey County Council Tim Oliver.

2. Consultation:

2.1. Extensive engagement has taken place with HRS providers, District and Borough Council Housing Teams and people with lived experience. The consultation has directly informed this report and the ongoing work to re-shape the services.

District and Boroughs – all 11 District and Borough Council Housing Teams have been engaged with at an individual level, an area basis and at large scale events with providers present. This has given us greater clarity on what the need is in each area and how the services are performing and supporting the local housing teams.

HRS Providers – all HRS providers have been engaged with both an individual and group basis. This consultation gave greater clarity on how the services might need to be changed to better support socially excluded people.

People with Lived Experience - there has also been significant engagement with service users and people with lived experience to understand their experiences of the services we commission. Several events have been held where a range of service users attended to share their experiences. This consultation will be shared in the form of an engagement report that will influence further discussions regarding any changes to service delivery.

2.2 Two workshops were held that brought these partners together to establish how collaborative working can be improved. A commitment has been made to continue these lines of communication in the form of forums which will allow all partners to be more aware of circumstances.

2.3 The Commissioning Collaborative has also been consulted and a paper was approved by the Commissioning Collaborative on 11.03.22. As part of this the Cabinet Member for Adults and Health has been briefed as has the Director for ASC, the Deputy Director for ASC, Head of Commissioning for ASC, Head of Mental Health Commissioning ASC and Public Health.

2.4 Wider partners have also been aware of the review via attendance and presentations at the Multi Agency Homeless Group and the Mental Health Emergency Response Group, which includes representatives from Surrey and Borders Partnership NHS Foundation Trust.

3. Risk Management and Implications:

3.1. There is a risk that if the contracts are not extended that these services over a period of time will no longer be able to meet both current and future needs and demands of socially excluded people. Which will place pressure on other services across the health and social system and with our housing partners. The contract extensions will enable ASC to have different conversations with providers and partners to discuss how current services can be re-shaped and improved and new services developed in the future. Without this commitment from SCC these conversations may not take place or would be more challenging.

3.2. Throughout the user engagement exercises a cohort of people that “fall through the gaps” have been identified. These are people who not eligible for ASC support but have complex needs that are difficult for providers to manage in HRS properties. The extension of these contracts will allow providers to make amendments to their services which will cater to those with complex needs better by training their staff and making changes to their workforce among other things.

3.3 There is a risk that without extending the length of the HRS contracts and continuing to work with these providers in a more collaborative way that these services will no longer be viable in Surrey and providers may choose to pull out of delivering services in Surrey. By demonstrating a clear commitment to the providers and recognising the importance of these services it is less likely that this will happen.

3.3. These risks can be mitigated by the assurance of longer contracts which will allow providers to make longer term plans for their workforce and any adaptations to the service offer as required. Working more closely with Surrey and Borders Partnership NHS Foundation Trust and health colleagues will also help to mitigate the risks identified.

3.4. The risk services do not deliver quality outcomes expected to demonstrate increased value for money or quality of service delivered does not meet objectives and needs following contract extension. This will be mitigated by the submission of performance monitoring data, strong contract management and regular contract monitoring meetings.

4. Financial and ‘Value For Money’ Implications

4.1 HRS are early intervention and prevention services, which aim to prevent, reduce or delay access to ASC. User engagement data suggests that providers, given the security and stability they require, will invest in services, make long term plans and work with ASC to ensure resident outcomes are met and new services developed to meet emerging needs. Accordingly, by extending the existing HRS contract to three years, plus one, plus one, new contracts will offer greater value for money through enabling greater investment from providers, earlier intervention and better client outcomes.

4.2 This length of contract is in line with other recent contracts that have been tendered for by ASC. The current total financial envelope of cumulative services is c. £3.8m per annum which will not change because of the extension to the length of the contracts set out in this paper. The only changes to contract values will be the application of any inflationary awards agreed annually as part of the Council's budget setting process. It is

expected that greater value will be generated from the altered contracted period which will contribute to mitigating pressures in ASC.

5. Section 151 Officer Commentary

5.1 Although significant progress has been made to improve the Council's financial position, the medium term financial outlook beyond 2022/23 remains uncertain. With no clarity on central government funding in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.

5.2 As such, the Section 151 Officer supports the proposed extension of three years, plus one, plus one of HRS services on the basis that these preventative services act as an enabler to achieving efficiencies and the total financial envelope across all services will remain the same as for the current contracts. The extension of these services will be factored into the Council's Medium-Term Financial Strategy.

6. Legal Implications – Monitoring Officer

- 6.1 There are legal implications as part of the request to extend the contracts. Each contract has been reviewed in depth by Legal Services, Procurement and ASC to understand what the legal implications are for each contract.
- 6.2 The history of how each contract has previously been awarded has been reviewed to agree on the most appropriate method to extend these contracts.
- 6.3 This review will ensure that the contractual arrangements going forward are fully up to date and refreshed for the next contractual period.
- 6.4 The HRS services are discretionary services.
- 6.5 Due to the length of the contracts, the extensions are required to be directly awarded in order to ensure compliance with the Public Contracts Regulations 2015.

7. Equalities and Diversity

7.1. A full Equality Impact Assessment was completed for the Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for People with Mental Health Needs, which was approved by SCC Cabinet on 30.11.21. Therefore, as this work is part of the programme a new EIA is not required. The [EIA](#)^x for the programme is attached in the annex.

8. Other Implications:

The potential implications for the following priorities and policy areas have been considered. Where the impact is potentially significant a summary of the issues is set out in detail below.

8.1 Corporate Parenting/ Looked After Children Implications

8.1.1 Improvement to HRS services will have a positive impact for residents who have left care, and previously been a Looked After Child. User engagement has identified that this cohort of people do make use of the HRS services currently, and the aim of these services is to improve the experience for this cohort of people.

8.2 Safeguarding Responsibilities for Vulnerable Children and Adults Implications

8.2.1 Extending the HRS contracts is expected to improve the accommodation offer for people with mental health needs. This can be expected to have a positive impact, ensuring that vulnerable adults can live within safe, secure environments with appropriate support services designed around their needs and aspirations. The effective management of Safeguarding and the requirements for reporting incidents is specified in the contract with care providers.

8.2 Environmental Sustainability Implications

HRS properties maximise on the value of accommodation being near community facilities including public transport.

The approval of the contract extension for HRS Support may allow providers to invest in their own properties due to long term stability. This may include changes in the infrastructure of their property, improving insulation or decorative amendments.

9. Public Health Implications

Housing Related Support services can positively impact on public health outcomes, including:

- Increased wellbeing and reduced isolation and/or loneliness through social inclusion, active participation in community life and engagement in learning opportunities / with support offers to employment
- Improved health outcomes resulting from improved contact with community health services.
- Improved wellbeing resulting increased independent living skills, e.g., financial management, exercising choice and control.

SCC Public Health officers have been consulted on the Programme and have shared their endorsement for this approach.

9.1.1 Extending the length of the HRS contracts also supports the delivery of the Changing Futures Programme and the work with people who face multiple disadvantages.

Consulted:

- 11 District and Borough Housing Teams
- HRS providers
- People with lived experience of services
- Public Health
- Cllr Sinead Mooney, Cabinet Member for Adults and Health
- Simon White, Executive Director for ASC
- Liz Uliasz, Deputy Director ASC
- Jon Lillistone, Assistant Director Commissioning, ASC
- Jane Bremner, Head of Mental Health Commissioning, ASC
- District & Boroughs (All 11 have been consulted)
- Surrey and Borders Partnership NHS Foundation Trust

Annexes:

Annexe 1: Proposals for the Future of Housing Related Support, SCC Cabinet Paper, 26.09.17

Annexe 2: Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for People with Mental Health Needs, SCC Cabinet Paper, 30.11.21.

Annexe 3: Update on the Implementation of the Mental Health Task Group Recommendations, Adults and Health and Select Committee, 03.03.21

Annexe 4: Homeless Needs Audit 2016

Annexe 5: Surrey Community Vision 2030

Annexe 6: SCCs Organisational Strategy 2021-2026

Annexe 7: Surrey Health and Wellbeing Board 10 Year Plan 2019

Annexe 8: Mental Health Partnership Board Report

Annexe 9: Mental Health Improvement Plan

Annexe 10: Equalities Impact Assessment, Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for people with Mental Health Needs, SCC Cabinet Paper, 30.11.21

Sources/background papers:

- i [Item 06 - Housing Related Support Report.pdf \(surreycc.gov.uk\)](#)
- ii [1.0 Part 1 Cabinet Report - Master Mental Health AwCS.pdf \(surreycc.gov.uk\)](#)
- iii [Report \(surreycc.gov.uk\)](#)
- iv [Surrey Homelessness Health Needs Audit 2016 – Surrey-i \(surreyi.gov.uk\)](#)
- v [Community vision for Surrey in 2030 - Surrey County Council \(surreycc.gov.uk\)](#)
- vi [Organisation Strategy 2021 to 2026 - Surrey County Council \(surreycc.gov.uk\)](#)
- vii [Health and wellbeing strategy - Healthy Surrey](#)
- viii [Item 6 - Annex 1 - Mental Health Partnership Board Report.pdf \(surreycc.gov.uk\)](#)
- ix [Item 6 - Annex 2 - MHPB Improvement Programme.pdf \(surreycc.gov.uk\)](#)
- x [Equality Impact Assessment - Surrey County Council \(surreycc.gov.uk\)](#)

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