

Appendix 1

HRS Consultation and Engagement Chronology

Date	Details	Notes
27 October 2016 engagement meeting with HRS providers	<ul style="list-style-type: none"> • To inform providers about the HRS strategic review; <ul style="list-style-type: none"> • Timeline • Visits to a sample of services <ul style="list-style-type: none"> ○ VfM review ○ Models of service ○ Outcomes, demand and utilisation ○ Proposals for consultation • To provide providers with the opportunity to ask questions and clarify any areas of concern 	
November 2016 – December 2017 Quality audit visits to HRS services	November 2016 to December 2017 total of 35 visits to all HRS providers as well as a number of YP services. Each visit also consisted of focus groups with staff members and customers	Full detailed report written for each service undertaken
27 March 2017 provider engagement event	Set out key timescales based on the need to reprocure services by November 2017. (before extension agreed) Included graphic showing proposed new vision for HRS, including a single referral Gateway	
30 March 2017. Stakeholder engagement event	As above	
April 2017 Strategic needs questionnaire	Distributed to providers and stakeholders in April 2017. Asked about current need and demand for services, desired future outcomes, examples of good pathways, partnership working, and any examples of duplication. Asked for views on an integrated referral and access pathway (Gateway), barriers to move on	5 responses received 4 out of 5 respondees felt that an integrated referral and access pathway was a good idea. Findings included in

		HRS Delivery Plan
April 2017 Provider questionnaire	Distributed to all providers April 2017. Asked for full details about each HRS funded service, including non-HRS funding and also asked for details re barriers for clients moving on, move on destinations, ongoing resettlement support.	12 responses received. Findings included in HRS Delivery Plan
15 April 2017 Probation meeting	Meeting with probation to discuss offender client group/pathways and gaps in accommodation support services	
15 May 2017 Engagement event (cancelled through lack of interest)	Provider engagement event planned. Invitations distributed, room booked but cancelled through lack of interest.	
17 May 2017. Engagement event (cancelled through lack of interest)	Customer engagement event planned. Invitations distributed, room booked but cancelled for same reasons as above.	
17 July 2017 Provider engagement event	Informed them about latest position re contract extension. (Still not made). Summary of current provision, key findings from 24 site visits, strategic needs and provider questionnaires. Report produced and findings included in HRS Delivery Plan	
8th June 2017 meeting with Emmaus Housing support provider (not funded by Hull CC)	Meet with Emmaus better understand support service being delivered and pathways and connections with Hull CC funded HRS services consult on what works well and what would like to see in the future	
19 July 2017 Customer engagement event	Report produced and findings included in HRS Delivery Plan	
August 2017 Meeting with various housing support providers, including Doorstop and Hull Homeless Project who are delivering services but not funded via Hull	to better understand support service being delivered and pathways and connections with Hull CC funded HRS services consult on what works well and what would like to see in the future	

CC		
August 2017 – detailed dialogue and separate piece of work commissioned with Childrens service	Discussions about how to improve transition between YP services and adults services including pathways in and out of services	
September 21st 2017 spoke with key stakeholders childrens probation, health, domestic Abuse, housing domestic abuse and MH services	Multi agency working group to look at those very marginalised vulnerable adults who continue to go in out of hostel provision requiring support from multiple agencies	
Homeless prevention strategy feedback	All feedback gathered from provider and customer engagement analysed and relevant points included in the HRS Delivery Plan	
September 21st –October 2017 Individual provider meetings	individual one to one meetings with HRS providers providing feedback and reports on quality audits	
September 25th 2017 Meeting with public Health	Strategic discussions with public health regarding Domestic Abuse services and brining together all services under community safety partnership	
November 21st 2017 Development workshop with H&WB Board	Presentation and discussion of the draft delivery plan to gauge opinion and take feedback to draft proposals for recommissioning	
November 22nd 2017 Member reference group	Discussion of the draft delivery plan with portfolio holder and other Cllrs; to gauge opinion and take feedback to draft proposals for recommissioning	
December 8th 2017 F&VfM Overview and Scrutiny Commission and Health and Wellbeing Overview & Scrutiny	<p>Presentation and discussion of the draft delivery plan to gauge opinion and take feedback to draft proposals for recommissioning.</p> <p>Presented to both committees on the same date</p>	

Commission		
December 12th 2017 Consultation event with YP	Separate consultation event for 16-18 year olds to understand their experiences in YP services and what works well and how pathways and transitions in to adults services can be improved	
December 15th 2017 2nd Multi Agency working group meeting	To continue strategic discussions in relation to marginalised vulnerable adults	

Feedback from consultation at Health & Wellbeing Scrutiny Commission
8 Dec 2017

Member discussed:

Hostel beds and the suggestion that demand currently outstripped supply yet we were proposing to reduce the number of hostel beds; if the findings being used to support the proposals were accurate; the suggestion in the report that there was no co-ordinated pathway and if that was the case how much responsibility the Council should take for the current situation; whether there was a need for the system to be more outcome focused; potential risks associated with a 'gateway model' and if it would prevent people being able to knock on a door; the concern the Gateway would only operate between 9.00 a.m. and 5.00 p.m.; whether the proposed Gateway would reduce service user choice. The City Manager for Adult Social Care explained that Housing Related Support covered a wide client base from homelessness people, to people experiencing domestic violence, to newly released prisoners. She confirmed that the City's hostel beds were full, but that was crisis support and the proposal to increase floating support was intended to improve client pathways and reduce the need for crisis support and help people live more independent lives. The Gateway would be important in ensuring service users received the right type of intervention and support. The Commissioning Lead explained that the Gateway (or single point of access) would help us identify who was in the system and start the move away from crisis support and temporary interventions. The current model ensured demand for hostel beds remained high. The service hours needed to be right. There were good services operating in the City but there was also a lack of consistency. The Housing Strategy Programme Lead reassured the Commission that an element of choice would remain and the service user needs would be paramount. The City Manager for Adult Social Care confirmed that Housing Related Support only funded a percentage of the hostel beds in the City so people would still have other options.

Provision in relation to domestic violence. The City Manager for Adult Social Care advised the Commission that going forward the proposal was to transfer the Housing Related Support funding for domestic violence to the Domestic Abuse Partnership with a view to improving co-ordination. The Commission discussed how the new system would enable partners to respond to incidents of domestic violence and the need to ensure the Gateway / Single Point of Access was available 24 hours a day 7 days a week.

Floating support and what that actually meant in reality. The Adult Social Care Commissioning Lead explained that the support would be person centred and tailored to the individual who would receive support from a nominated key worker. The City Manager for Adult Social Care advised the Commission that plans to bolster the floating support would ensure that support followed the individual ensuring contact was not lost as they moved between different accommodation and different providers.

The good intentions behind phasing out of hostel beds for young people, whether it was realistic, and if the floating support would be able to respond to a range of differing demands. The City Manager for Adult Social Care explained that there were no plans to remove all beds, it was about developing a more flexible and responsive service that could provide tailored support. It was about maximising resources and outcomes.

How we would track performance and monitor outcomes. The Adult Social Care Commissioning Lead explained that performance would be measured through the Adult Social Care Outcomes Framework but the key aim would be to reduce the number of people presenting as homeless. Providers would also need to meet targets which would recognise each provider's role within the wider community.

If floating support would be time limited? The Adult Social Care Commissioning Lead explained that the support would not be time limited and would remain in place as long as the service user required it.

The fact that some providers already delivered effective wraparound support or floating support and the proposal to increase that support was welcomed.

Why responsibility for delivering the Housing Related Support Service did not sit with the Housing Service. The City Manager for Adult Social Care acknowledged the query and explained that the discussion around ownership and service delivery would continue to be discussed as part of the ongoing housing benefit debate.

The general difficulties associated with finding people 'tenancy opportunities' and the availability of long term accommodation within the City. The City Manager for Adult Social Care recognised the concerns and confirmed that it remained a national issue.

The important role played by locally based voluntary and community sector organisations; the risk that larger national providers may take over the market to the detriment of local organisations; opportunities to use social value clauses within the procurement process to support local providers.

Members Agreed:

- a) The Commission welcomes the Housing Related Support (HRS) proposals in principle, including the move to a more flexible service model that would see an increase in floating support and decrease in hostel beds, with a view to

supporting independent living and improving outcomes for service users, but the support is offered on the understanding:

- b) The new Housing Related Support Gateway (single point of access) will be accessible 24/7 and will not limit service user choice.
- c) The floating support will be adequately resourced and meet the shift in demand (as the number of hostel beds is reduced).
- d) Measures will be put in place to protect service users during any transitional phase following the award of contracts.

Feedback from consultation at Value for Money Overview and Scrutiny
8 Dec 2017

The Commission was advised of the context behind Housing Related Support and the need for changes to the commissioning of the service; that the report had been considered at the Health and Well-Being Board during a development session; and, that this was the final draft which, following final consultation, would be taken back to the Health and Well-Being Board and Committees in Common.

The Commission discussed:

- i. Who would be consulted prior to the final version; that past and present users and stakeholders, including Health and Probation services, Children's services and the Police would be consulted; and, that the next steps detailed in section 4 of the report were on track.
- ii. What would be included when the pre-procurement report was brought back to Scrutiny; the specification would include options around the scale of transferring services, prices, how services operate, including a gateway approach, and how Housing Related Support was to be funded; and, that size and number would be included in the specification.
- iii. That the report seemed to emphasise the need for early support, but that the report and presentation seemed to give the impression that that approach had not worked so far; that accommodation costs detailed on page 9 of the report showed that Hull had much higher costs than other authorities; it would seem that either Hull did not commission effectively or that delivery was not what was expected; that early intervention helped to maintain tenancies; and, previous commissioning was not done particularly well.
- iv. Market shaping; whether officers were confident that there was the market in Hull to deliver the services once they had been reshaped; that officers were confident that the new services could be delivered; what had been done to test the market to ensure the early intervention and support resources were in place; that austerity measures meant that these resources had not been delivering; that officers had questioned whether this was the approach that should be taken; that previously there had been a ring-fenced grant that had supported delivery, and that deliverers were still in the community; that the

service would concentrate on floating support; and, whether there was actually the capacity within the market to provide what was in the plan.

The commission was advised that:

- i. Adult Social Care had received additional funding within the Council's budget to restructure and refocus.
- ii. Previously ASC had delivered high end support to those who were really poorly, but this review would ensure that ASC could intervene early to prevent critical deterioration.
- iii. That new services, such as Social Prescribing would be jointly funded by Public Health; and, a Community Grant pot would allocate grants to plug gaps in Hull communities, recognising good practice in some communities, but using grants to bolster services in areas where there was none.
- iv. That the small cohort with profound issues, such as those with mental health issues or offenders, would be addressed through partnership working with agencies such as the Police or Probation services; consideration was being given as to how those partners could collectively work together and a Task and Finish Group was to work towards understanding and resolving issues; and, that Housing Relates Support was generic, but partners needed to successfully work together.

The Commission requested that consultation be carried out with third sector suppliers as there was little floating support for those slipping through the support net, but that the volcom sector did pick them up. Officers advised that there had been an engagement event in Summer 2017 for the third sector, and that CAB, Mind and Goodwin Development had been included in discussions.

The Commission discussed:

- i. Duplication of funding for support from Hull City Council via housing benefit and the HRS provider, and whether that support was taken into account when funds were allocated.; that the HRS benefit was assessed for quality; work was taking place with DWP colleagues; and, that support with budgeting was a core element of current HRS.
- ii. The reasons for Hull spend per head being up to 3 times the spend in comparator authorities; that this should have been flagged previously; where the resources were to support the current position to the move to where the service wanted to be, as the two systems would need to run parallel for some time; the numbers would be part of the delivery; unit costs would be renegotiated, releasing funding for floating support; and, it would depend how many beds the contract was reduced by as to how much floating support could be introduced.
- iii. That hospital and care beds were silted up as there was little option across the City; and, flow was needed from those beds to tenancy occupation.
- iv. With reference to page 17 of the report, that there was only a 16 unit support service that would support those in the City with street drinking issues; that it was up to the individual provider as to whether street drinkers were accommodated; whether issues such as there being only one women's refuge were being addressed; that Domestic Abuse was managed by the Police;

and, that discussion was taking place around floating support being generic and not specific to issues.

- v. Concerns that single web-based gateway access to the services would mean only to those with IT access, something that people in crisis were unlikely to have; that the gateway seemed more geared towards providers; and, that there would be other options for clients.
- vi. Links with housing options; and, that the service would probably sit alongside housing, but in partnership with stakeholders such as Probation.
- vii. Concerns that gateways could literally be seen as gateways, which were sometimes locked; prevention could come about due to drinking, offending and debt, and issues such as this would be worked through; part of the specification of the contracts would be that providers understood the complex group of people; that the pre-procurement report would come back to the January meeting of the Commission; and, that clarification was needed as to which body was to make the decision.