

2. High Stability Housing

Business case reference:	To be allocated by PMO	Date:	Date submitted to PMO
Business Case title	High Stability Housing		
Author & job title	Victoria Hayes, Commissioning Manager		
Outcome: <i>To be signed once approval is granted</i>	Approval/requirement for further information		
	Section to be completed by finance/business planning following decision by 'sign off' authority		
Funding Source	Section 256		
Financial summary	Y1 in year spend¹	Y2 in year spend	Recurrent cost implications
Cost of delivery – Non -recurrent revenue requirement (£):	£86,217	£86,217	
Financial Benefits	<p>Placement in the HSH pilot is £333.60 per week. Compared to average placement cost of a sample of 43 people who could benefit from HSH of £1,356.40, gives a saving of £1,024.80 per person per week or £53,289.60 per person per annum.</p> <p>We expect 50% of the target cohort to have s.117 eligibility. This value is based upon a review in February 2021 of 119 people with a history of multiple placement breakdown from supported living – 49% of whom are s.117 eligible.</p>	<p>Placement in the HSH pilot is £333.60 per week. Compared to average placement cost of a sample of 43 people who could benefit from HSH of £1,356.40, gives a saving of £1,024.80 per person per week or £53,289.60 per person per annum.</p> <p>We expect 50% of the target cohort to have s.117 eligibility. This value is based upon a review in February 2021 of 119 people with a history of multiple placement breakdown from supported living – 49% of whom are s.117 eligible.</p>	
Non-Financial Benefits	<p>Reduction in unplanned admission to hospital</p> <p>Reduction in placement breakdown</p> <p>Improving access to mental health services and drug and alcohol services to people experiencing multiple disadvantage</p> <p>Reduction in 'over-provision' of care and support to manage risk</p>		

¹ Note STR funding should have Y1 in year spend only

	Reduction of re-entry into homelessness pathways	
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**BRIEF SCHEME
OVERVIEW**

Establish a High Stability Housing Pilot (HSH).

The service will provide stable self-contained accommodation for service users with Care Act eligible needs and who are experiencing multiple disadvantage (mental health needs, homelessness, substance misuse, criminal justice involvement, domestic abuse). Flexible on-site support will be available to service users 24 hours a day. Building on housing first principles, the service will not have strict move on timescales but provide a stable basis for recovery with trauma-informed, restorative support. The service will not be costed on hours of care delivered but by the outcomes achieved for the individual. The accommodation available is a group of 5 one-bedroom flats external to the main Longhills hostel building. BCC Housing and Homelessness Commissioners have agreed to allocate some of their homelessness pathway capacity to allow this pilot to go ahead. They are also contributing around £89,000pa for the background support as part of the current Preventing Homelessness Accommodation Pathway 2 Contract.

The client group will be the My Team Around Me cohort, including people in the homelessness pathways with eligible needs, mental health hospital discharge, prison leavers, people in temporary accommodation, people with a history of placement breakdown and people facing eviction. This cohort of people might be perceived as 'high risk' and exhibit behavior that challenges but require a lower amount of direct support or may be unlikely to engage with intensive support.

The support will be provided by a Complex Case Worker, who will provide around 5 hours of 1:1 support a week for each of the HSH service users. Background support is available on site 24 hours a day alongside planned group activities.

The overall purpose of the Service is to provide an alternative supported accommodation option for people where other options of accommodation have not worked. For example, individuals who have not been able to thrive in an environment with multiple occupancy and/or have a history of circling housing, social care and mental health systems and returning on to the streets. The stable and tolerant approach to accommodation in this service will provide a solid foundation for recovery.

The service will:

- Provide access, management and support to five self-contained flats within the Longhills Hostel
- Provide a culture that is strengths based, recovery focussed and follows the principles of Trauma Informed Practice
- Work in a robust and tolerant way to support Service Users to sustain their accommodation at the service for the long term
- Offer a recovery focussed and trauma-informed support approach across a range of individuals' strengths and needs through the direct engagement of a complex case worker and a core background 24/7 support offer which helps to minimise harm and maximise independence and wellbeing.
- Provide responsive and flexible support to meet the needs outlined within the care act support plan of each individual, except for personal care. The provider will work in partnership with any other support agency engaged to provide personal care to individuals living within the HSH flats.
- Operate a Service User led approach to support planning/agreed outcomes

- Support the long-term wellbeing and independence of Service Users by challenging stigma and by building on their strengths, skills, and positive networks:
 - Encourage Service Users to access support ensuring they have choice and control, supporting them to address issues such as challenging behaviour, drug and alcohol use and past trauma.
 - Support and eventually enable Service Users to develop independent living skills including self-care skills and to achieve as much choice and control as possible.
 - Build on Service Users' skills to manage money including budgeting skills, shopping etc.
 - Broker access to a range of statutory and non-statutory Tier 1 and Tier 2 services as appropriate. Connect Service Users to community assets as appropriate.
- Work in partnership alongside the existing Homelessness Pathways, Adult Social Care allocated practitioners, My Team Around Me (MTAM) virtual team, community mental health offer, related services and commissioners.
- Attend the Case Review Group to discuss referrals jointly with the CRG representatives.
- Support the Service User into more permanent accommodation providing transition support which will be flexible and open ended, at the end of the pilot.
- Manage timely turnaround between clients and issue/explain licence to occupy. Ensure that the licence is available in a format suitable to the Service User needs.

HSH			
Costings	FY21/22	Total	Comments
Expenditure	£86,217	£86,217	Total expenditure (incl contingency)
Salaries	38,386	38,386	Salaries, NI, Pension, Unsocial Hours, Locums, Agency
Staff Costs	5,409	5,409	Mobiles, Training, Travel, Conferences, Volunteers, Insurance, Subscriptions, Students
Client Costs	5,135	5,135	Food, Welfare, Personalisation, Travel Accommodation
Office Costs	0	0	Lease Charges, Setup, Landlines, Postage, Printing, Stationery, Photocopying

	IT Costs	501	501	Broadband/Wifi, Computers, Printers
	Subcontractors	0	0	Third Party Subcontractors, Professional Fees
	Implementation Costs	0	0	Redundancy/Restructuring/TUPE, Recruitment, Consulting Fees, Events
	Overheads	8,047	8,047	14% of income
	Contingency Fund	28,739	28,739	Discretionary contingency fund (not paid directly to provider) to be used for payment to rectify damage to flats/additional support required

**SYSTEM
TRANSFORMATION
BENEFITS**

The HSH Pilot contributes stable accommodation for people experiencing multiple disadvantage, including those with mental health needs. This cohort does not fare well in traditional routes into housing and/or accommodation with support models. This can lead to multiple placement breakdown with poor outcomes for the individual and mounting costs for the funding authorities across the system. This pilot seeks to remedy this by reducing chances of placement breakdown, improving outcomes and making savings against alternative accommodation with support schemes. The accommodation provided will not have strict move on timescales and will provide a stable foundation for recovery for people who might otherwise experience transience and difficulty maintaining consistent access to important mental health services.

The HSH Pilot will contribute by delivering a cost-effective service for a cohort who experience multiple placement breakdowns and over provision to manage risk. This new service model will depart from hourly rates and instead commission for improved outcomes for the individual. This offer of a service geared towards managing the perceived risk of this cohort will deliver savings when compared to traditional supported living packages or residential care where additional 1:1 support is added to manage risk.

System outcomes

The following outcomes are the anticipated impact of the pilot on the system and will be monitored. This information will be used to evaluate the effectiveness of this approach.

Health

- Reduction in unplanned hospital admissions
- Increase in engagement with health professionals in a planned and positive way i.e. GPs, Dentists, CPNs.

Engagement

- The HSH pilot will promote collaborative system working between adult social care, BCC housing, BCC Homeless Commissioners, AWP, Health and other agencies by employing the My Team Around Me (MTAM) approach.
- Evidence generating and learning opportunity to inform future services.
- Promote system change and feeds into wider programmes

Support

- Reduction in 'over-service provision' due to risk rather than assessed need. The HSH Pilot contributes to the offer of supported accommodation for a cohort who would otherwise receive inappropriate over-provision or are at risk of homelessness. This cohort might receive disproportionately high 1:1 support in other settings or be at risk of moving into high-cost residential care.
- Greater access to support provisions across ASC and Homelessness

Sustained Placements

- Decrease in evictions due to complex behaviour and risk
- Increase in move on opportunities for people with multiple disadvantage
- Reduction in spend across Adult Social Care, Health and Housing
- Reduction repeat incidences of homelessness
- Reduction in total number of people placed within B&Bs

	<ul style="list-style-type: none"> Reduce repeat incidences of placement breakdowns from supported accommodation 	
IMPLICATIONS ON OTHER FUNCTIONS	<ul style="list-style-type: none"> The Homelessness Pathways have provided some of their capacity to allow this pilot to go ahead within 5 of the flats within Longhills Hostel. Expectation of collaborative working The pilot will be integrated with the Housing Support Register The specification and contract has already been drawn up. Staff for the pilot are in place. 	
PRIORITISATION ASSESSMENT:	Please score each facet below and provide a narrative justification for the score. These will be used to prioritise spending.	
	Score	Narrative
Alignment with system priorities	1	This service aligns with the long term plan priority to increase access to mental health care by providing a stable foundation for recovery and support for individuals who would otherwise experience transience and difficulty maintaining consistent access to services they need.
Risk of recurrent/ capital costs	3	As this is a pilot project, it will include evaluation throughout. If successful, it will incur recurring costs at the end of the project, however this will only be progressed if the level of savings delivered outweighs the costs, and a business case will be developed to demonstrate this. From that regard it will become self-funding
Impact on health inequalities	1	The project specifically targets people experiencing multiple disadvantage to receive appropriate accommodation and support to facilitate better access to mental health and other health services. This will have a significant impact on health inequalities.

Measure of project risk/maturity/uncertainty	2	The pilot project is already underway (started 1 st April 2021) with ongoing evaluation. The service specification and experienced provider acknowledges a test and learn facet to delivery. As this is a pilot, we anticipate some flexibility required for delivery, but overall the risks are low. Quarter one evaluation of the scheme indicates that the service has provided some excellent outcomes for individuals, including: 2 clients on depots have now not missed any since moving into the HSH scheme, improving the management of their mental health. One person has now had access to neurology assessment. One client has had access to the Bristol dental hospital and GP. One client has received an alcohol detox and is now abstinent and referring for talking therapies.
TOTAL	7	
VALUE ASSESSMENT	<p>This is an outcomes focussed service. It allows individuals to access flexible support to meet their individual outcomes. The service and my team around me approach empowers individuals to self-direct their own goals and consequently engagement is increased. As the service works in this way, it is not responding to perceived risk from service users in restrictive and costly ways.</p> <p>Alongside meeting outcomes related to Care Act Eligibility, the service will support individuals to identify and achieve outcomes of their choice within the following domains: Relationships, Be Healthy, Staying Safe, Economic Wellbeing, Enjoy and Achieve and Service User voice.</p> <p>It promotes system wide collaborative working across housing, mental health services, homelessness, drug and alcohol services and adult social care. The use of the homelessness pathway flats and the case review group to assess referrals promotes a system approach to improve outcomes and cost saving. This approach hopes to reduce the cycle of individuals re-entering mental health inpatient services and homelessness pathways after placement breakdown.</p>	

Table 3

This table is only required for Section 256 funding applications.

NHS FUNDING AREA		
Financial Impacts of scheme to:	Costs	Savings
NHS	£172k s256 over 2 years	£215k
Local Authority	£178k	£435k

VALUE FOR MONEY TO NHS

See Financial Benefits Section above outlining that 50% of the cohort are likely to be s117 and that the cohort supported could be higher / super users of NHS service. Attending A&E, or being admitted to hospital on a regular basis, comes at a high cost to the individual, communities and to the health system. Some super users have been reported as costing £30,000 per year in ED attendances and hospital admissions alone.

It is considered that this pilot will deliver savings in excess of the initial costs due to

- Reduction in unplanned hospital admissions
- Increase in earlier engagement with health professionals in a planned and positive way i.e. GPs, Dentists, CPNs preventing further health deterioration and later costs due to earlier interventions
- Reduction in placement costs

Assumption placement costs avoided $5 \times £53k = £265k$ pa

Of which if 3 s117 $3 \times £53k \times 30\%$ contribution = £95k over 2 years

NHS reduction in super user costs $5 \times £30k \times \text{say } 40\%$ for 2 years for optimism bias = 120k

Year 1	Year 2	Year 3	Total
£108k	£107k	£	£215k