



Living in Hackney Scrutiny Commission

Supporting Homeless Residents with complex needs



Our statutory duties



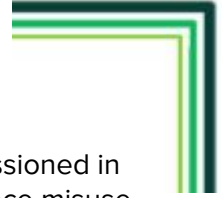
- Statutory requirements placed on local authorities in assisting homeless applicants which are framed within the 1996 Housing Act and Homeless Reduction Act 2017;
- Some will be in priority need (for example if they are vulnerable as a result of mental illness or physical disability) and owed statutory duties to be accommodated. Others will not be in priority need but, if eligible, will be owed the “relief” duty under section 189B of the Act.
- Related to the provision of accommodation, the Council may have a duty of support. The Care Act 2014 introduced the National Minimum Eligibility Criteria (NMEC).

Previous provision



- In 2016, the council changed the model of housing related support services for adults with complex needs achieving a reduction of £3.9m across 2017/18 - 2019/20.
- This included reducing the number of supported accommodation units by 149 providing for homeless residents with mental health, learning disabilities and those exiting prison.
- Three SHRS schemes were decommissioned with these residents being helped into housing or approaching the Council as homeless and being provided with temporary accommodation.
- Floating support provision was expanded but on reflection has not provided for those with complex needs.

Gabriel's experience



Previously lived in a high needs mental health supported accommodation at Marsh Hill, which was unfortunately decommissioned in 2018. He can be extremely volatile. Suffers from paranoid schizophrenia. Has a history of intimidation. G also has a substance misuse support needs. G is an accepted main rehousing duty case with an effective date of 2013. Was one of the first cases brought onto the HHH MDT. The social worker pilot became involved in 2020.

From 2012 until 2017, whilst at Marsh Hill G was supported by the assertive MH outreach team but this service was also decommissioned in 2017. His previous key worker at March Hill recently informed us that during his years in the hostel he didn't engage with support and his room was always in poor condition over the years. Although G had few hospital admissions during this time these were significantly less than since he lost the accommodation. Since losing his MH supported accommodation he has had periods when he has slept rough in between varied placements.

G is suspected having an unhealthy history with boys, however unproven, which has restricted his housing options. MH professionals in the past recommended that he required his own flat and this was seen to support his MH condition. Has an on-and-off violent relationship with another well known Hackney resident. G has been referred to MARAC on few occasions due to his aggressive behaviour towards his male partner. Partner is now housed through housing first project delivered by a third sector partner and it is unclear whether they are still in contact or together.

G has had several temporary accommodation placements, which have all broken down due to ASB and keeping his room in inhabitable condition. G would qualify for sheltered as he is 55 years old but is too high needs for this type of accommodation.

In 2021, Hackney Housing made a direct offer of social housing for him. Unfortunately, G's tenancy setup was not smooth due to professional's annual leave and lack of positive engagement by RW. Shortly after moving in G's MH crisis escalated and he ended back in the hospital under a section. Due to the number of serious incidents at his building leading up to this point he lost his accommodation.

G has been rehoused within the MH supported accommodation pathway with an expensive spot purchase provider in Newham.

G's 2012-present



Mental Health (MH) Supported accommodation
(HB £168 per week)



ELFT assertive outreach team



Social worker pilot becomes involved



1 x TA
Street homeless
Location unknown



Evicted from HH tenancy



2 x hospital admission



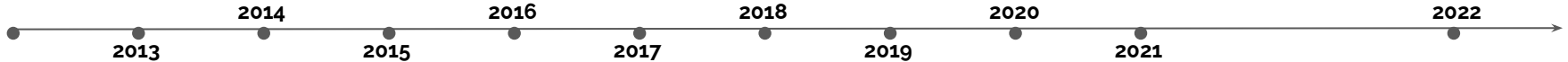
Substance misuse
Abusive & aggressive towards staff



Rehoused by the MH supported accommodation pathway in expensive spot purchase arrangement (**£690 for support per week**)



End of Mental Health support pathway
Beginning of St Mungo's pathway



2012



ELFT assertive outreach team disbanded



MH Supported accommodation closed
(HB £209 per week)
2 x TAs



1 x St Mungo's high needs hostel (**HB £350 per week**)
Street homeless
1 x NHS Travelodge
1 x Hackney Homes property
Due for eviction 15th October - next accommodation unknown



1 x hospital admission



Abusive & aggressive towards staff, removed from TAs



3 x hospital admissions



4 x police arrests



TA, hospital & ELFT staff



Abusive & aggressive towards staff & public
Doesn't seem capable of setting up new flat



Engage, Community Care Coordinator, Hospital Work Rights Officer, Police, MH Community Team, Hackney Homes, Housing Needs

Increasing demand



- Hackney is at the epicentre of a housing and temporary accommodation crisis. Levels of homelessness are increasing rapidly; Approaches from households in June 2023 up by 17% when compared to the same period in 2018-19.
- Increased level of support required beyond that which has traditionally been provided for people in general needs temporary accommodation. This includes people with needs that have not reached the threshold yet for adults' social care or NHS support.
- Approaches made by single homeless residents show that 2 in 5 have support needs and 1 in 5 have multiple and complex support needs.
- 2022/2023 Hackney saw 1038 single people who had support needs and 519 with multiple support needs.

Increasing demand and forecasted demand



As of June 2023 there were 443 single adults placed with one or more support needs in temporary accommodation. An initial breakdown of needs has been assessed as:

<u>Support Need</u>	<u>Number of People</u>
Mental Health	198
Substance Use	74
Physical Health	158

The majority of people have a combination of two or more needs. Based on recent analysis of numbers accessing TA, we predict that the demand for temporary accommodation will grow at around **8% per year** in the short to medium term

Benchmarking: Homeless with complex needs supported units comparison



	High/med/low	High/Med	Medium	Medium-Low	Low	Med/Low Men only	High/Med Men only	High/Med Women only	Specialist SU High	Specialist PIE/TI Very Complex Needs Men only	Housing First	Specialist Offenders	TOTAL Bed Spaces
Hackney	-	102	28	-	-	-	-	29	-	-	20	-	179
Camden	-	441	-	49	-	48	60	-	77	18	50	-	743
Tower Hamlets	81	268	-	33	35	-	-	-	35	-	-	-	452
Islington	281	-	-	-	-	-	-	-	-	-	-	32	313

Current Provision in Hackney



Service Type	Client Type	No. of Units	Funding Source
SHRS Pathway	High-medium - male/female	68	LB Hackney
SHRS Pathway	High-medium - female only	29	LB Hackney
SHRS Pathway	Medium - male/female	28	LB Hackney
SHRS Pathway (Finsbury)	High-medium	10	RSI
Housing First	High - male/female	20	RSI
Assessment Service	High - male/female	17	RSI
Staging post	High-medium - male/female	7	RSI
TOTAL		179	

What we need

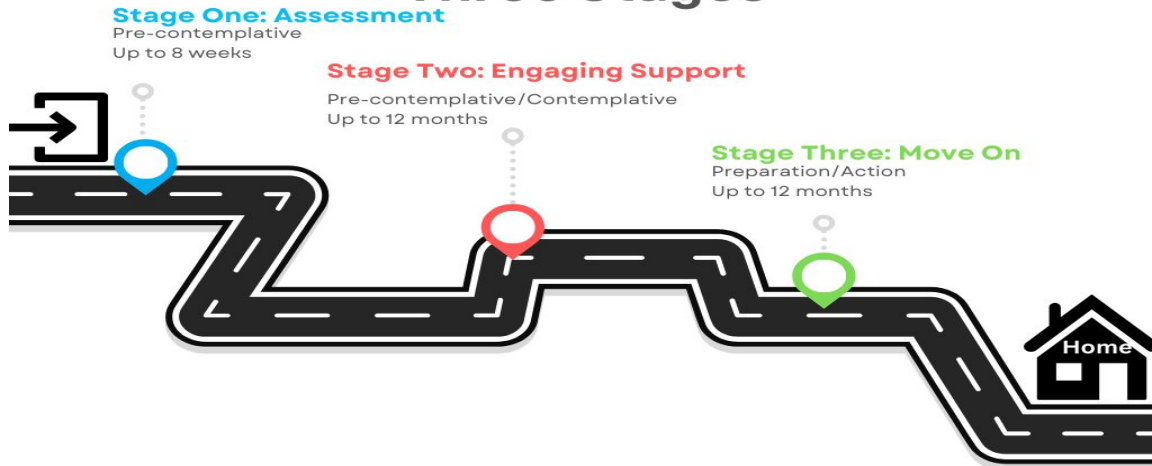


- A recent assessment (June 2023) of the client group who have been placed in TA identified a total of 433 people with support needs and approximately 75% of that group have high to medium support needs.
- To enable this group to recover, thrive and not deteriorate further thereby meeting the threshold for costly ASC services, current supported accommodation capacity must be increased by an additional 325 beds.
- Current provision that is directly funded by the Council is 125 (currently an additional 52 units are funded through short term grants) therefore increased capacity will deliver a total of c450 bed spaces.

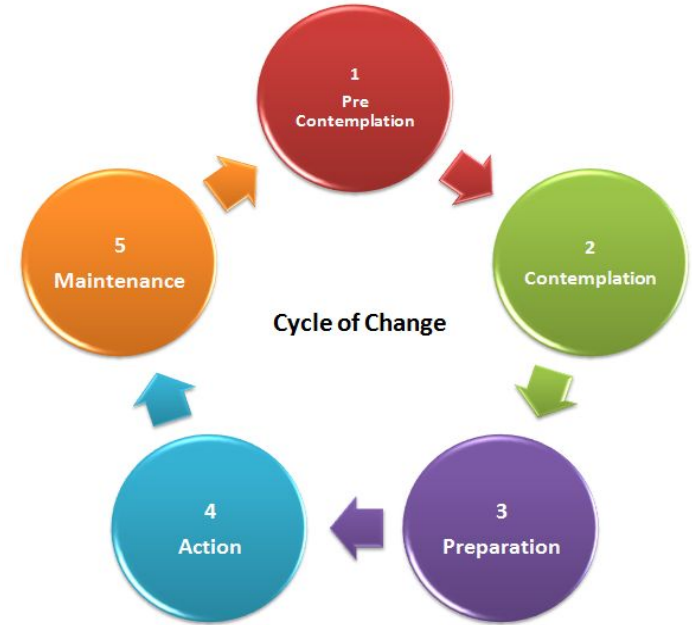
What we need

We need more capacity to properly facilitate the recovery cycle of change. The current Pathway journey is phased, built on personalised outcomes, trauma informed and focused on recovery. However, because of limited capacity, the journey is compressed:

Hackney Adult Pathway Three Stages



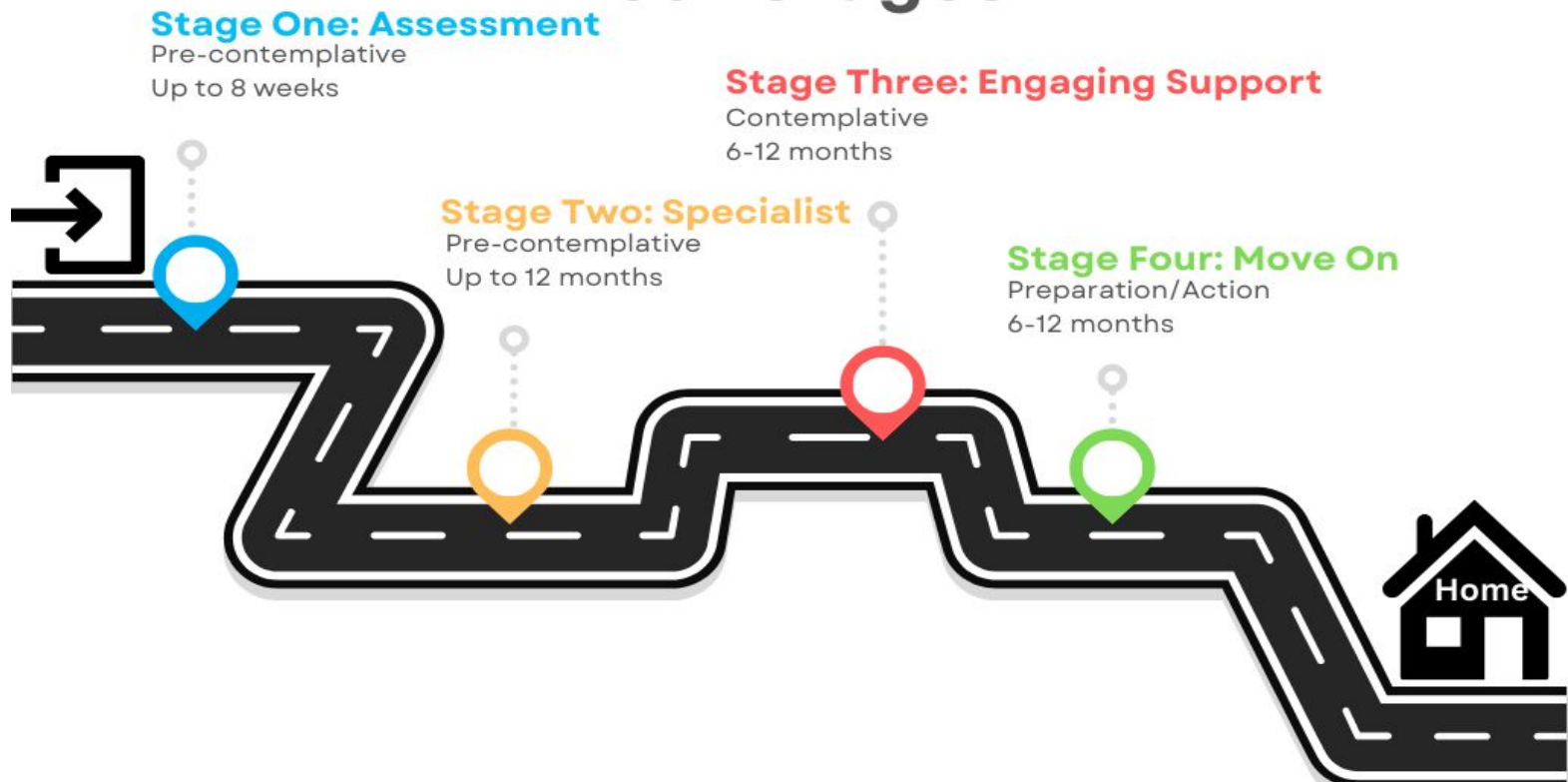
Recovery cycle of change



What we need



Hackney Adult Pathway Four Stages



What we need - units and support provision costs



Service Type	No. Units	Avg Unit Cost per week* £	Avg Annual Value £	Avg Annual Value +11% £	Avg Annual Value +15% £
Stages 1,3 and 4: 'Generic' Complex Needs (including holding/EBS beds)	220	187.08	2,140,195.00	2,375,616.65	2,461,224.25
Stage 2 Specialist: Continued Use - SMU/Complex Needs	100	267.9	1,393,080.00	1,546,318.80	1,602,042.00
Stage 2 Specialist: VCN - High level complex needs (multiply excluded)	14	600	436,800.00	484,848.00	502,320.00
Stage 2 Specialist: Women with high level complex needs	30	267.9	473,647.20	525,784.00	544,694.00
Stage 2 Specialist: Older RS (alcohol - longer term)	26	187.08	252,932.16	280,754.69	290,871.98
Stage 2 Specialist: Culturally specific high level complex needs	20	267.9	278,616.00	309,264.00	320,408.00
Stage 2 Specialist: Housing First (longer term)	40	226.76	471,660.80	523,543.00	542,410.00
Total	450	(Avg) 286.37	5,446,931.16	6,046,129.14	6,263,970.23

Cost Benefits of Supported Housing



The National Housing Federation commissioned Imogen Blood & Associates in partnership with the Centre for Housing Policy at the University of York, to research how supported housing specifically impacts homelessness, health and wellbeing. The research took account of the wider system, including the NHS, social care, the justice system and other public services. The summary report published earlier this year can be found [here](#):

Were it not for the supported housing sector, there would be*:

- An increase in core homelessness of around 41,000 people, with a further 30,000 people at significant risk of future homelessness (the cost to the public purse of long-term homelessness has been estimated at over **£40,000** per person per year).
- A need for 14,000 additional inpatient psychiatric places (each costing around **£170,000** per year).
- Increased demand, from the transitional and short-term sector alone, for a further 2,500 places in residential care, many for people with complex needs (each costing in the region of **£45-£50,000** per annum).
- A need for a further 2,000 prison places (each costing an average of **£32,700** per annum), due to licences or court orders being revoked.

**The research comprised a snapshot survey of 2119 individuals living in supported housing projects for working age adults on 1 August 2022, applied to the national estimates of user characteristics including people with a history of mental ill health, problematic substance use and an offending history*

Local Costs



- As of June 2023 there were **443** single adults with one or more support needs living in Hackney TA. Applying the proportions set out in the National Housing Federation Report the potential costs to the local public service system are set out below:
 - Up to 75 are likely to be long term homeless representing an annual cost to the public purse of **c£3M**
 - Up to 26 are likely to require additional inpatient psychiatric places representing an annual cost of **c£4.4M**
 - Up to 4 are likely to require residential care, representing an annual value of **c£200K**
 - Up to 3 may be recalled to prison, representing an annual value of **c£98K**

Total costs which can be viewed as savings with the new model:

c£7.6M PER YEAR

What happens if we do not increase provision?



- Needs become acute with more people reaching the threshold for adult care services; BHN HRS vs Care - HRS currently £187 per bed space per week as opposed to £1345 per bed space per week (average)
- Increased costs to the public service system: Council, NHS, CJS and ELFT
- Increased safeguarding incidents, ASB and health deterioration in TA
- Early death - the mean age of death is typically 44 for homeless men and 42 for homeless women compared to the general population which is 79 and 83 respectively
- Fewer people engaging with targeted services likely to increase street-based ASB and more people rough sleeping
- Increased likelihood of recidivism/being recalled
- Staff burn out and extremely likely that the existing Pathway will become overwhelmed



Becky Rice/ Sally Caldwell

Sector Research

Challenges in accessing the right support for
single homeless people in Hackney

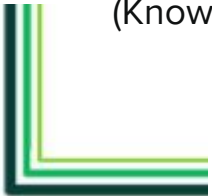


Dr Adi Cooper



Co-Chair of the Association of Directors of Adult Social Services (ADASS) Safeguarding Adults Policy Network. She is the **Independent Chair of both the City and Hackney and the Haringey Safeguarding Adults Boards** and the Care and Health Improvement Advisor for London for the Local Government Association. Adi is Visiting Professor at the University of Bedfordshire and works as an independent consultant and coach.

Adi was the Strategic Director of Adult Social Services, Housing and Health in the London Borough of Sutton for 9 years. She is a qualified social worker, social work manager and professional leader in adult social care for over 20 years, working in several London Boroughs. She has contributed to national policy development, service improvement, Care Act guidance on adult safeguarding, and developed the Making Safeguarding Personal program. Adi is also an author - *Adult Safeguarding and Homelessness: Understanding Good Practice (Knowledge in Practice)* by Adi Cooper and Michael Preston 2021





Catherine McElroy - MH ELFT Viewpoint



Anthony Simmons - St Mungo's Provider view

Next steps



- Enhance our preventative approach by introducing diversity in terms of support and support provider
- Develop a whole systems approach working in partnership with Health and other anchor institutions
- Prioritise and identify funding for much needed provision with partners in health
- Programme of accommodation included in the Housing Strategy with delivery plans for minimum number of units pa - purchase/ lease/ refurbish/ build
- Close the circle in respect of the HRS Review