

**CABINET – 24 NOVEMBER 2023****REVIEW OF HOMELESS SUPPORT SERVICES - OUTCOME OF CONSULTATION****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PART A****Purpose of the Report**

1. The purpose of this report is to advise the Cabinet of the outcome of the consultation on the proposed delivery model for homeless support and to seek approval to cease funding a dedicated homeless support service, and instead to provide support via the Council's existing public health services.

**Recommendations**

2. It is recommended that:
  - a) The outcome of the public consultation, including comments of the Health Overview and Scrutiny Committee, on the proposed delivery model for homeless support across Leicestershire be noted;
  - b) The recommended model for homeless support detailed in paragraphs 52 to 58 of this report be approved with a view to commencing the new model on 1 April 2024.

**Reasons for Recommendation**

3. Following a review of need, existing service provision, responsibilities of the County Council, and a review of consultation responses, a revised delivery model is proposed that offers a broader health and wellbeing offer and greater coverage across Leicestershire.
4. The current contract for the provision of homeless support services ends on 31 March 2024.
5. The Medium Term Financial Strategy 2023/24-2026/27 includes a requirement for savings via a review of homeless support services.

### **Timetable for Decisions (including Scrutiny)**

6. A public consultation exercise took place from 28 June 2023 to 3 September 2023 to seek views on the proposed delivery model and make appropriate variations where required.
7. The Health Overview and Scrutiny Committee considered the proposal as part of the consultation process at its meeting on 13 September 2023. It received a further report on the outcome of the consultation and the proposed model on 1 November 2023. The Committee's comments are set out in Part B of this report.
8. The existing contract ends on 31 March 2024. Subject to approval by the Cabinet, the delivery plan will be implemented collaboratively with partners, with the new model being in place from 1 April 2024.

### **Policy Framework and Previous Decisions**

9. The Medium Term Financial Strategy 2023/24-2026/27 (agreed by the Council on 22 February 2023) includes a target of saving £300,000 by 1 April 2024 through a review of homeless support services.
10. In June 2023, the Cabinet approved a formal consultation exercise on a revised delivery model for homeless support services.
11. The proposal is aligned with the Public Health Strategy "Delivering good health and prevention services 2022-2027", the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 "Staying Healthy, Safe and Well", and the County Council's Strategic Plan 2022-26, in particular the outcome keeping people safe and well: ensuring that people are safe and protected from harm, live in a healthy environment and have the opportunities and support they need to live active, independent and fulfilling lives.

### **Resource Implications**

12. The proposed model has a target of achieving a saving of £300,000 per annum which would contribute to the Medium Term Financial Strategy savings.
13. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

### **Circulation under the Local Issues Alert Procedure**

14. This report will be circulated to all members.

### **Officer(s) to Contact**

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## **PART B**

### **Background**

15. The Homelessness Reduction Act 2017 amended the Housing Act 1996 to place duties on housing authorities to prevent homelessness (referred to as the prevention duty) and to provide homelessness services (referred to as the relief duty) to all those affected.
16. In Leicestershire, the district councils are the housing authorities. Funding through the Homelessness Prevention Grant has been provided by the Department for Levelling Up, Housing and Communities (DLUHC) to support district councils to deliver against these responsibilities. The total allocation across all district councils in Leicestershire for 2023/24 is £1,176,448 and for 2024/25 is £1,210,843. In addition, DLUHC has provided housing authorities with long-term funding to support those sleeping rough or at risk of rough sleeping (Rough Sleeping Initiative 2022-25). The total allocation for 2022-25 is £1,773,687.
17. The County Council does not have a statutory responsibility to provide specific services for individuals who are homeless, and the Council is not a recipient of grant funding that is focused on preventing or relieving homelessness.
18. The County Council does have a statutory responsibility to take appropriate steps to improve the health of people living in Leicestershire, including the provision of health improvement information, advice, and support services aimed at preventing illness.
19. People experiencing homelessness have far worse health and social care outcomes than the general population. The average age of death for people sleeping rough is 46 for men and 42 for women, compared with 78 and 82 respectively for the general population. People experiencing homelessness or at risk of homelessness are therefore one of several populations of concern for the County Council in terms of their health and wellbeing.
20. The Council currently commissions, on a discretionary basis, a homeless support service which aims to improve the health of this population by providing support to adults who are homeless or at risk of becoming homeless. This is currently provided for the Council by Falcon Support Services (FSS) and Nottingham Community Housing Association (NCHA). The contract value is £300,000 per annum and ends on 31 March 2024.
21. The County Council's Medium-Term Financial Strategy 2023/24-2026/27 includes a target of saving £300,000 by 1 April 2024 through a review of homeless support services.

### **Review of Existing Provision**

22. The support commissioned from FSS and NCHA is aimed at adults who are homeless or at of risk becoming so. The key elements of provision include:

- A referral hub – to process and assess all referrals received to determine the most appropriate course of action.
- In-reach support – provided within hostel accommodation across Leicestershire.
- Outreach support – provides services such as telephone support, group work, benefits advice surgeries, signposting, and one-to-one support.

23. The aim of the service is to improve the health and wellbeing of those that are homeless or at risk of homelessness. This is achieved by supporting access to health and wellbeing services and by building the resilience of this cohort, by supporting independent living. It should be noted that the funding for this service does not pay for the running of homeless hostel buildings.

24. With the current contract coming to an end on 31 March 2024, Public Health assessed the associated challenges identified around the current provision which were analysed and summarised in the table below:

<b>Provision</b>	<b>Description of provision</b>	<b>Challenges</b>
<b>Referral hub</b>	<p>Service users and professionals refer into the service via telephone or email.</p> <p>An assessment is carried out and the service user is assigned a case worker.</p>	<p>The service holds a waiting list leading to delays in service users accessing support.</p> <p>There is an eligibility criterion; only those that have a non-priority need can access the in-reach hostel based support.</p>
<b>Hostel based (in-reach) support</b>	<p>Support provided within hostel accommodation across Leicestershire.</p>	<p>Limited to 30 service users at any one time.</p> <p>Support offer is concentrated within the Falcon Centre in Loughborough.</p> <p>Support offer is concentrated towards non-priority need individuals.</p> <p>Service is underutilised due to slow move-on of service users into alternative accommodation.</p> <p>Support offer is more focused on welfare rights and tenancy rather than health and wellbeing.</p>
<b>Outreach support</b>	<p>Case worker works with a service user on a short-term basis on any areas where they require support.</p>	<p>Predominantly focused on signposting and providing information and advice.</p> <p>Specialist support on areas such as substance misuse is not provided.</p>

## **Review of Need**

25. A period of engagement on current service provision across Leicestershire for homeless individuals took place in spring 2022 in preparation for a potential redesign of services. This involved service users, service providers and stakeholders, including district council representatives, homeless support providers, domestic abuse services, and substance misuse services. It is important to note that the scope of this engagement exercise included all services available for homeless individuals in Leicestershire, not just the service which is the subject of this report. This was on the basis that the Council wished to explore the possibility of working with district housing leads via the Chief Housing Officers Group to pool resources and co-design services across Leicestershire. However, despite showing initial interest, district councils were not in a position to pursue that option further at the time.
26. There were a number of areas of work that were identified as working well, including:
- accessibility of services e.g., drop-in sessions, face to face support, open door day centres, access to hostels
  - types of support available e.g., support to complete application forms, support to maintain living situation, move-on support, bespoke support for street homeless
  - links with the Council's substance misuse treatment service.
27. Areas of work that were identified as a gap or requiring improvement included:
- lack of suitable and affordable housing
  - access to health care, particularly mental health services
  - access to dental care
  - access to social care
  - need for multi-agency working, including better data sharing
  - need for Leicestershire-wide support
  - need for a flexible offer
  - need for greater emphasis on life skills and resilience building.
28. Data from DLUHC on support needs of households in Leicestershire that are owed a prevention or relief duty (i.e. that have approached their local housing authority for assistance to prevent homelessness or, having become homeless, to find accommodation) showed that in 2022/23, 24% of households identified mental health as a support need, 15% identified physical ill health as a support need, 4% identified alcohol use as a support need, and 3% identified drug use as a support need. This highlights a gap in accessibility of healthcare services for this cohort.
29. A report published by the Local Government Association in 2022 - 'Making the case for investing in homelessness prevention' recognises the importance of upstream cross-service prevention work in local homelessness systems. In addition, the Kerlake Commission on Homelessness and Rough Sleeping calls for action to address rapidly rising rates of homelessness with one of the key principles focusing on preventing people from becoming homeless.

## **Consultation**

30. A public consultation exercise was approved by the Cabinet on 23 June 2023. The consultation launched on 28 June 2023 and ran for 10 weeks (closing on 3 September 2023). It sought views on the proposed new model - for the County Council to cease funding a dedicated homeless support service and instead to provide support via its existing public health services.
31. The consultation was aimed at the general public, users of the service, service providers, and a range of additional stakeholders including NHS service providers, district councils, voluntary sector providers, and Leicestershire Police. The consultation was promoted through several routes, including social media, the Council's website, current providers, emails to key stakeholders, and through newsletters. These were repeated throughout the consultation.
32. The consultation comprised an electronic questionnaire and supporting information that was accessible on the County Council's website with hard copies (with a freepost return) and easy read options available on request. A telephone line and email address were provided to enable all residents and stakeholders to ask questions about the consultation if they needed to. The consultation documentation can be viewed here:  
<https://www.leicestershire.gov.uk/have-your-say/you-said-we-did/engagement-2023>
33. The views of professionals and stakeholders, as well as current and previous service users and support workers, were captured through:
  - Discussions at face to face and online information sessions to talk through the proposal, listen to and capture views, and provide information on how individuals could have their say. A total of 5 sessions (3 online sessions and 2 face to face sessions) were held during the consultation period.
  - Responses to the questionnaire (paper copy and online copy).
  - Responses received via the consultation email address.
34. The information sessions were spread out over July and August, on different days, at different times of the day, and for different audiences, to provide a suite of options for people to attend at their convenience. The sessions aimed at professionals were held via Microsoft Teams and those aimed at service users were held both online and face to face.
35. Following queries/comments received during the first half of the consultation period, a set of FAQs were published on the consultation webpage, available as a hard copy on request.
36. Hard copies of the questionnaire were given to the incumbent providers (this included 50 hard copies provided to Falcon Support Services). Hard copies of the questionnaire were also made available to Local Area Coordinators and Community Recovery Workers to disseminate to their service users.

37. At the face to face sessions which took place at Loughborough library, hard copies of the consultation information were made available to attendees. The information packs included the questionnaire with free post return, supporting information, an easy read version of supporting information, and a set of Frequently Asked Questions. Council staff were also available to support completion of the questionnaire on-site. One individual accepted this offer. Space was also made available at Loughborough library for participants to complete a questionnaire.
38. The questionnaire asked for people's views on:
- impact/s of the proposal
  - access to other sources of homeless support
  - awareness of existing county council services
  - alternative suggestions to provide support.

### Responses to the consultation

39. A total of 251 individuals/organisations completed the questionnaire and 131 individuals attended the information sessions. Of these, 20 existing or previous service users attended the face to face sessions. Alongside this, the consultation included feedback via 2 letters from service users, and feedback from the Health Overview Scrutiny Committee (paragraphs 48-51 below), Chief Housing Officers Group (attended meeting on 9 August 2023 and formal response received via email), and Charnwood Borough Council (formal response received via email). The proposal was also presented to the Leicestershire Equalities Challenge Group on 8 September 2023.
40. Most of the questionnaire responses were from those who were or had been supported by the homeless support service (25%), followed by those who were employees, volunteers, or providers of support services (24%). The majority of respondents were male (56%), aged 55-64 (27%), white (85%), and live (68%) or work (35%) in the Charnwood Borough area.
41. 74% of questionnaire respondents disagreed with the proposal. Of those, the greatest proportion of responses came from employees, volunteers or providers of homeless support service (29%), followed by those who were or had been supported by the homeless support service (22%).

### The Falcon Centre, Loughborough

42. A range of concerns were expressed about the impact of a change to the service model (described in more detail below). The potential consequences for the Falcon Centre (a homeless hostel provided by FSS) has been the focus of much of the feedback.
43. In June 2023, before the proposal had been considered by the Cabinet, FSS distributed a survey amongst local stakeholders. The survey implied that the County Council funded the Falcon Centre and sought views on the impact of closure of the Centre (such as impact on anti-social behaviour, increased rough sleeping etc.). The survey also described a raft of services provided by FSS that would potentially stop if the Council changed its delivery model, for

example food parcels, emotional health and wellbeing support, dental checks, and eye checks. However, these services are not funded by the Council and as stated previously the funding for the County Council's homeless support service does not pay for the running of homeless hostel buildings. It is considered that the FSS survey may have had an impact on subsequent responses to the Council's consultation.

#### Themes arising from the consultation

44. Key themes arising from the consultation are described below along with commentary that responds to the points made. A report with more detailed feedback from the consultation is attached as Appendix A.

<b>Theme</b>	<b>Commentary</b>
Recognition of the need to focus more effort on preventing homelessness.	The proposed model aims to achieve this through using First Contact Plus as the single point of contact and through strengthening links with existing public health services.
Recognition of the need to provide wider access to support, i.e. wider geographical coverage, wider range of support that goes beyond housing.	The proposed model aims to provide coverage across Leicestershire with a greater focus on improving health and wellbeing.
Recognition of the benefit of having a simplified single point of contact, streamlining the approach of obtaining support and avoiding potential duplication of service provision.	The proposed model aims to achieve this through using First Contact Plus as the single point of contact.
Recognition that current provision is good and therefore there is a desire to keep services as they are.	Challenges with the current model are described in paragraph 24.
Current offer is highly valued (with particular reference to Falcon Centre) with many respondents referencing their own personal experiences and the ways Falcon Centre has helped them, their loved ones, or the people that they supported.	Challenges with the current model are described in paragraph 24.
Potential negative impact on the Falcon Centre e.g., closure of centre, loss of housing benefit.	The funding does not (and should not) pay for the running of Falcon Centre.



Theme	Commentary
<p>Potential negative impact on the Falcon Centre e.g., closure of centre, loss of housing benefit. (continued)</p>	<p>National guidance indicates that for a claim to be treated as an 'exempt accommodation,' the care, support and supervision provided must be 'more than minimum'. A specific quantity is not stipulated. FSS provides additional care, support and supervision that is provided in collaboration with other partners (e.g., police, NHS, probation services, Turning Point) which should qualify for exempt accommodation. Alternatively, eligibility for housing benefit can be determined on a case by case basis for each resident.</p> <p>Providers of accommodation can apply to become a registered social housing provider. One of many benefits of this approach is achieving 'exempt' status for Housing Benefit purposes which in turn gives providers greater financial stability.</p> <p>If the service was recommissioned with the same/similar model as it is currently, the tender would be an open tender process inviting bids from any interested bidder. As such there are no guarantees that FSS (or NCHA) would be the successful provider in the future. It is the responsibility of the Provider to ensure they have robust contingency plans in place as part of their business model.</p>
<p>Lack of awareness of services such as First Contact Plus and Local Area Coordinators, and existing homeless support services.</p> <ul style="list-style-type: none"> <li>- Fewer than half of survey respondents (48%) were aware of First Contact Plus.</li> <li>- Fewer than half of survey respondents (49%) were aware of Local Area Coordinators.</li> </ul>	<p>This will be addressed during the implementation period subject to the proposed model being approved by the Cabinet. The approach is described in paragraph 64.</p>

<b>Theme</b>	<b>Commentary</b>
<p>Impact on accessibility/barriers of the proposed service e.g., loss of face to face support, digital front door, loss of one-to-one support, loss of drop in service, loss of 24/7 support.</p>	<p>Referrals into the proposed service can be made by individuals directly or on their behalf (e.g., by professionals or family members).</p> <p>Referrals can be made 24/7. Current outreach support offer is not 24/7 and this will remain unchanged.</p> <p>If the initial assessment indicates that face to face and/or one-to-one support is required, this will be provided through existing services e.g., Local Area Coordinators, substance misuse service etc.</p> <p>Local Area Coordinators provide drop in sessions based on need. The sessions focus on health and wellbeing needs.</p> <p>Further information on impact is summarised in paragraphs 65-66 below and detailed in the Equality Impact Assessment (Appendix B).</p>
<p>Concerns regarding capabilities and capacity of the workforce delivering the future service.</p>	<p>The proposal includes two well established teams that have extensive experience in working with individuals and communities to improve health and wellbeing.</p>
<p>Lack of multi-agency/partnership approach in relation to homelessness.</p>	<p>A robust communications plan will be developed and implemented to strengthen the join up between the proposed model and existing services.</p>
<p>Lack of evidence base for the proposed offer.</p>	<p>There is a sound evidence base, described in paragraphs 29 and 57.</p>
<p>Loss of targeted/specialised support e.g., housing/tenancy support.</p>	<p>Targeted/specialised support in relation to housing needs is the responsibility of housing authorities.</p> <p>The proposed model addresses the provision of specialised support to improve health and wellbeing of this cohort through its direct links with health and wellbeing services, including public health services.</p>

<b>Theme</b>	<b>Commentary</b>
Impact/additional pressures on other services e.g., police, social care, district services, increased homelessness	<p>The proposal provides greater focus on prevention of homelessness through improving the health and wellbeing of the population, thus aiming to reduce pressures on acute services.</p> <p>Colleagues from Adults and Communities will play a key role in the implementation of the proposed model.</p>
Lack of support for those with complex needs/chaotic lifestyles/complex mental health needs.	The current model focuses on low to medium needs and was not designed or intended to support those with complex needs, e.g. those individuals requiring complex healthcare support who would be expected to receive support from NHS services.
Concerns over reduced investment in homeless services and the risk of homelessness increasing.	<p>External sources of funding are referred to at paragraph 16.</p> <p>The proposal provides greater focus on prevention of homelessness through improving the health and wellbeing of the population, thus aiming to reduce the risk of crises occurring.</p>
Lack of support for those who are rough sleeping.	Support for those who are rough sleeping is funded through the Rough Sleeping Initiative and provided by The Bridge.
Lack of focus on housing.	The district councils are the housing authorities.
<p>Confusion over district council versus county council responsibilities, and responsibilities of health care services</p> <ul style="list-style-type: none"> <li>- Confusion over County Council homeless support service and district housing offer</li> <li>- Homeless strategy/policy.</li> </ul>	<p>A robust communications plan will be developed and implemented to strengthen the join up and awareness of the proposed model and existing services.</p> <p>Development of a homeless strategy is the responsibility of housing authorities (district councils).</p>

<b>Theme</b>	<b>Commentary</b>
Lack of impact assessment.	Information on impact is detailed within the Equality Impact Assessment (Appendix B).
Concerns over accessibility and awareness of consultation.	<p>The consultation process (as described in this report) highlights the various methods used to promote the consultation and to engage with target groups.</p> <p>There was a good response rate to the consultation questionnaire and good take-up of the information sessions.</p> <p>Nearly half of responses were from people who had been or were being supported by the homeless support service, or from an employee, volunteer or provider of support services, indicating that the target groups were successfully reached.</p>

45. During the consultation period, two letters were received from FSS that were written by service users residing at the Falcon Centre expressing support for the Centre.
46. The consultation questionnaire asked about alternative sources of help if the current offer was not available. Most respondents identified multiple sources of support, demonstrating that they would not be solely reliant on the service to meet their needs.
47. The consultation questionnaire gave an opportunity for respondents to put forward suggestions for a service model. Some responses to this instead focused on impact of the proposal. Key themes arising from the responses and a commentary is given below.

<b>Alternative suggestion</b>	<b>Commentary</b>
Keep the offer as it is/no change.	Challenges with the current model are described in paragraph 24.
Greater focus on accommodation.	This is the responsibility of district councils.
Greater focus on preventative services.	The proposed model aims to achieve this through using First Contact Plus as the single point of contact and through strengthening links with existing public health services.

<b>Alternative suggestion</b>	<b>Commentary</b>
Increase awareness of existing services, including services provided by local charities.	This will be addressed during the implementation period subject to the proposed model being approved by the Cabinet. The approach is described in paragraphs 63 and 64 below.
Strengthening partnership working, including between housing authorities.	A robust communications plan will be developed and implemented to strengthen join up between the proposed model and existing services.
Provision of bespoke/targeted services based on need, e.g. better support for people with dual diagnosis (mental health and substance use), dedicated teams for each district.	A robust communications plan will be developed and implemented to strengthen the join up between the proposed model and existing targeted services.
Workforce development and increased pay for those working with individuals who are homeless.	This responsibility sits with each individual organisation.  A strengthened partnership approach may support with workforce development.
Increase funding in this area/lobbying government for fairer funding.	Paragraph 16 outlines existing sources of national funding.
Utilise feedback from those with lived experience on a regular basis to shape service provision.	This will be addressed during the implementation period subject to the proposed model being approved by the Cabinet.
Having multi-agency hubs within district areas.	This requires the development of a partnership approach in the first instance to explore suitability and does not address the challenges in the interim.
Need for a homeless policy/strategy across Leicestershire.	This responsibility sits with district councils.

<b>Alternative suggestion</b>	<b>Commentary</b>
Transfer budget to district councils to enable direct delivery or to enable the commissioning of accommodation-based/floating support services.	Paragraph 16 refers to existing sources of national funding that have already been made available to district councils. One of the expectations of the use of the homelessness prevention grant is to prevent homelessness of single people. Other housing authorities across the country have used the grant to fund initiatives such as: outreach work for 21-35 year olds, safe accommodation and support, rough sleeper outreach, homeless prevention service for single individuals and childless couples.
Review the service specification and refine expectations to allow a service model that better meets needs and is more closely aligned to commissioners' priority outcomes.	The proposal presented in this report was developed following: <ul style="list-style-type: none"> <li>- a review of existing provision</li> <li>- a review of need</li> <li>- a review of roles and responsibilities of the County Council.</li> </ul>

#### Comments of the Health Overview and Scrutiny Committee - 13 September 2023

48. In September 2023, the Health Overview and Scrutiny Committee considered a report on the new service model as part of the consultation process. Rachel Hall, Deputy CEO, Falcon Support Services, was invited to make representations to the Committee.
49. Members put a number of questions to Ms Hall and to officers, including concerning the number of people supported by the Falcon Centre, other homeless provision in the County, the nature of funding arrangements for the Falcon Centre and its position as a charity, and how the services currently commissioned were monitored and audited.
50. The Committee received advice from officers including regarding the Council's Local Area Co-ordination (LAC) team and its proposed involvement with the new service model. In addition, the Director of Public Health and the Cabinet Lead Member for Health strongly refuted a suggestion from FSS that the Cabinet report of 23 June had contained inaccuracies.
51. The Committee commended the existing work done by the LAC team and supported its involvement in the new homeless service model. It asked for a further report to be provided on 1 November regarding the outcome of the consultation and the final proposal to be submitted to the Cabinet.

### **Proposed New Service Model**

52. Based on a review of need, existing service provision, responsibilities of the County Council, the requirement for savings, and a review of consultation responses, it is recommended to cease funding a dedicated homeless support service, and instead to provide support via the Council's existing public health services where eligibility is wider.
53. This will be achieved primarily through the universal offer of First Contact Plus and the Local Area Coordination service.

### **First Contact Plus**

54. First Contact Plus helps adults in Leicestershire to access information, advice, help and support on a range of services. Referrals to First Contact Plus are made via an online form. For those individuals who may have difficulties in self-referring via an online platform, a referral can be made on their behalf by a professional or friend/family member/carer. Local Area Coordinators work with individuals who may be vulnerable or at risk of crisis by building a supportive community around them thereby reducing social isolation.
55. The principles of the future approach centre around the following:
  - a. Coverage across the whole of Leicestershire.
  - b. Wider eligibility, to include any individual who is currently homeless or at risk of becoming homeless, irrespective of whether they fall under the priority need group or not.
  - c. Access to support via a central point of access.
  - d. Support that is tailored to the needs of each individual with no defined timescales for the support offer.
  - e. Greater focus on improving the health and wellbeing of individuals.
56. This model will include using First Contact Plus as the referral hub into services which include the following:
  - Department for Work and Pensions for support to access the right benefits.
  - Citizens Advice for debt management support.
  - Community Recovery Team and Local Area Coordination Team for one-to-one support.
  - Warm Homes Service for support on housing issues such as damp, mould, draught proofing, and signposting to funding for energy efficiency measures.
  - Health and wellbeing services such as smoking cessation, drug and /or alcohol misuse, healthy weight, physical activity, and sexual health services.
  - Mental wellbeing services such as Vita Minds (a talking therapies service for low level mental health support).
  - Services provided by the Council's Adults and Communities Department, including community support workers and social care.

- Adult Learning and Multiply for support on accessing learning and educational courses, including support on budgeting. Multiply is a programme aimed at helping adults to improve their numeracy skills.

### Local Area Coordination Service

57. Where one-to-one support or face to face support is required, the Local Area Coordination service is well established within communities and so can meet this need through their links with community groups, drop-in sessions and through the direct provision of one-to-one support. Other services commissioned by Public Health such as the substance misuse treatment service and the sexual health service already provide outreach services on a one-to-one basis. A report on Local Area Coordination (*Catalyst for a System Wide Prevention Approach*) highlights how the service can assist in reducing some of the potential causes of future homelessness by addressing the circumstances that cause people to experience chaotic lifestyles. The report also describes how Local Area Coordination can support housing workers to be more preventative in their approach, with a focus on self-help and solution finding rather than service and crisis management.
58. A key strength of this proposal is that links can be made to a broader range of health and wellbeing services therefore providing a more holistic support offer for individuals. In addition, this approach enables better links into existing public health services and wider onward referrals including to the district housing authorities.

### Comments of the Health Overview and Scrutiny Committee - 1 November 2023

59. The Health Overview and Scrutiny Committee considered a report regarding the outcome of the consultation and the proposed new service model.
60. The Committee noted that it was proposed (from April 2024) to replace the existing arrangements with provision of homeless support services via the Council's existing public health services. Members were advised that this could support more people and, by integrating homeless support with other public health services, offer a wider, more holistic, approach.
61. In response to a question, the Director of Public Health explained that capacity within the First Contact Plus and LAC teams had been expanded (using COVID-19 recovery funding) and the Department was confident that the new model could cope with the expected levels of demand.
62. The Committee supported the proposed new delivery model for homeless support.

### Implementation of the New Service Model

63. If the proposal is approved, the Council will work collaboratively with district councils and other key stakeholders to develop strong and robust referral pathways into the service ensuring a joined-up approach to meet people's



needs. The Council will also work with the current providers, FSS and NCHA, to ensure a robust exit strategy is in place.

64. Feedback from the consultation highlighted limited awareness of First Contact Plus and Local Area Coordination Services. If the proposal is approved, the Council will develop a robust communications plan to increase awareness of the service offer and to strengthen referral pathways.

### **Equality Implications**

65. The Equality Impact Assessment has been undertaken to assist the Council in meeting its Public Sector Equality Duty to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share protected characteristics and those who do not; and
- Foster good relations between people who share protected characteristics and those who do not.

66. The assessment is attached to this report as Appendix B. The key findings identified that relate specifically to persons with a protected characteristic were identified as:

- Awareness of the service – lack of awareness and understanding of public health services such as First Contact Plus.
- Accessibility of the service – digital exclusion and communication barriers.
- The need for kind and non-judgmental treatment.

The assessment also identified a positive impact in terms of accessibility for some groups.

67. In order to address the issues identified the following action will be undertaken to mitigate impacts:

- First Contact Plus is an established offer that is advertised widely – this work will continue through advertising to wider networks specifically linked to the homeless population as part of implementation of the new model.
- First Contact Plus allows third party referrals, be this via family, friends or other services/providers. This will support those people who do not have direct access to the internet. Once assessed, First Contact Plus allocates the relevant offer for the person. This could, for instance, be utilising Local Area Coordinators as an onward referral option which could involve face to face interaction.
- A number of drop-in locations for wider services are already available in community settings. Promotion of this provision will be strengthened as part of the implementation period.
- First Contact Plus staff and Local Area Coordinators already work with a variety of residents. The team are professional, empathetic,

compassionate, and mindful of the needs of service users. The offer is via a person-centred approach that is available to all regardless of any particular protected characteristic. The service has access to relevant training and support to ensure this.

### **Human Rights Implications**

68. There are no human rights implications arising from the recommendations in this report.

### **Risk Assessment**

69. A detailed risk assessment has been undertaken as part of the review of homeless support project and a risk log is being monitored by the Project Group which reports into the Public Health Departmental Management Team.

### **Health Implications**

70. It is intended that the proposed model will enable individuals to access a broader range of health and wellbeing services therefore providing a more holistic support offer for individuals.

### **Background Papers**

Report to the County Council on 22 February 2023 - "Medium Term Financial Strategy 2023/24-2026/27" and minutes of that meeting -  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=6913>

Report to the Cabinet on 23 June 2023 - "Review of Homeless Support Services"  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=7077>

Report to the Health Overview and Scrutiny Committee on 13 September 2023  
 "Review of Homeless Support Service"  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1045&MId=7168>

Report to the Health Overview and Scrutiny Committee on 1 November 2023 -  
 "Review of Homeless Support Services"  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1045&MId=7169>

### **Appendices**

Appendix A – Summary Report of Public Consultation  
 Appendix B – Equality Impact Assessment