

# **HERTFORDSHIRE SUPPORTING ADULTS WITH COMPLEX NEEDS STRATEGY**

## **Foreword**

Hertfordshire's ambition for its residents is to thrive, be healthy, and to live independently. We recognise that achieving independent living can be a struggle for some of our residents. This can be the case for adults with complex needs, who require support for many reasons. The support can often relate to poor mental health, substance abuse or a physical disability, which are life changing circumstances that prove difficult to resolve.

The County Council and the District Councils play a vital part in providing services and understanding of need across our communities. Services are commissioned to prevent the escalation into homelessness or care and support; intervening early so that people can stay in their home or secure short-term accommodation with support, so that they can eventually maintain their home.

The aim of this strategy is to bring all partners together across the voluntary and statutory sector to integrate services where possible, reducing homelessness for those with complex needs. By better identifying need and working closer together, we build the opportunity to improve the outcomes for these residents.

Cllr. Richard Roberts

Executive Member, Adult Care and Health

# Draft Hertfordshire Supporting Adults with Complex Needs Strategy 2019 - Summary

**VISION Working together.**  
**Delivering prevention focused services to enable adults to live independently**

## DEFINITION OF COMPLEX NEEDS

An individual with two or more needs affecting their physical, mental, social or financial wellbeing. This could include, but is not limited to; mental health issues, substance misuse, domestic abuse, homelessness, physical ill health, learning or physical disability.

- To enable adults with a range of support needs to live as independently as possible in the community
- The support is to be short-term, up to 18 months in most cases
- To be effective in delivering prevention outcomes to adults experiencing:
  - » Mental health issues
  - » Domestic abuse
  - » Substance misuse
  - » Homelessness (single and families)
  - » Rough Sleeping

## STRATEGIC PRIORITIES: (high level)

- **Preventing** and reducing care and support needs
- **Preventing** Homelessness and reducing Rough Sleeping (including families)
- Connected Lives – helping to **support people to remain in their homes** and connected to communities
- Improving health and wellbeing and **preventing** ill health (due to homelessness)

**STATUTORY RESPONSIBILITIES:** Under the [Care Act 2014](#) the County Council must provide or arrange for the provision of services, facilities or resources to prevent, reduce or delay care needs. Reducing social isolation and enabling social connection, facilitating mobility and mental and physical well-being, and by enabling a home environment that allows individuals to live well and have a better quality of life.

As a result of amendments made to the Housing Act 1996 by the [Homelessness Reduction Act 2017](#), the County council is specified as a Public Authority required to notify a housing authority of service users they consider may be homeless or threatened with homelessness. Authorities are encouraged to establish arrangements with partners that go beyond referral procedures, aiming to maximize the impact of shared efforts on positive outcomes for service users who may have multiple needs.

## STRATEGIC AIMS:

- **FAIR ACCESS TO SERVICES:** To ensure equality of access to services through a comprehensive understanding of need and current provision. Mapping need for future provision, across different parts of the county, to include information and choice for service users.
- **PREVENTION AND CRISIS INTERVENTION:** Through joint working with key partners, we will identify opportunities to design cohesive pathways; coordinating services to meet a spectrum of need, achieving improved outcomes for service users.
- **HOUSING PROVISION:** To ensure access to suitable long-term housing solutions for people in short-term accommodation through robust partnership working with private landlords, Registered Providers, District/ Borough councils, Hertfordshire County Council and other Statutory Organisations.
- **TRANSFORMATION & INNOVATION:** To continually review services, ensuring that they are meeting changing needs; reflecting the local and national agenda and key partners to explore innovative ways to work together to achieve this.



## Key Facts

Local housing authorities report that between April and December 2019, in Hertfordshire over 3,900 homelessness applications were made and of these, 1,868 had support needs (Watford data is not included). See table 1

- The top 5 support needs of households owed a homelessness prevention or relief duty are:
  - 1) mental health problems,
  - 2) physical ill health & disability,
  - 3) at risk of/experienced domestic abuse,
  - 4) history of repeat homelessness and
  - 5) Offending History
- Broxbourne and Three Rivers Councils have the highest proportion of homeless applicants with support needs; with over 70% of applicants in Broxbourne requiring support (see Table 1)

The rates of statutory homelessness in Hertfordshire and England are increasing.

**39%**  
 Mental health problems

**29%**  
 Physical ill health & disability

**16.9%** at risk of/experienced domestic abuse

## VISION:

***Working together. Delivering prevention focused services to enable adults to live independently***

### 1. Introduction

**HERTFORDSHIRE SUPPORTING ADULTS WITH COMPLEX NEEDS** strategy (the Strategy) sets out our vision, priorities and aims for addressing the complexity of need presented by some of our most vulnerable residents in the County, many of whom become known to services as a result of homelessness or when they are at risk of homelessness.

These people have diverse and complex needs, requiring different levels of support, often relating to mental health, substance misuse, physical health, domestic abuse and an offending history.

The County Council has commissioned housing related support services to vulnerable people since 2003 as part of the UK Government's then national £1.8bn ring-fenced grant funded Supporting People Programme; intended to fund services to help vulnerable people live independently within their homes and communities. The Supporting People Programme ring-fence was removed in 2009 allowing local authorities greater flexibility to seek solutions and allocate funding according to locally determined priorities and need. The County Council remains the responsible budget holder for the related grant funding.

Whilst there are a range of community services in place to meet specific needs such as drugs and alcohol, mental health, domestic abuse and homelessness, there is evidence<sup>1</sup> to suggest that such needs typically interact with and exacerbate one another leading to people experiencing several problems simultaneously. As a result, people often find themselves falling between services or not meeting individual statutory service thresholds which in turn results in the continuation and escalation of their struggle and the increasing complexity of being homeless and having a number of support needs to address. Service users' experiences of this journey are annexed at Appendix one.

Housing related support services are prevention focussed; they aim to provide short-term support that enables people to develop, improve and maintain the skills and lifestyle choices to break free and move on to an independent healthy and happier life. This often includes connecting people with other services, work and training opportunities, and social contacts that help make this achievable. The intervention can occur early to prevent homelessness occurring, however where a crisis has occurred, the support services will deliver accommodation-based services delivering a range of multi-faceted interventions.

Adult Care Services have engaged with key stakeholders (see Appendix two), including service users and representatives from the Ministry of Housing, Communities and Local Government to develop this strategy; agreeing key high-level strategic priorities, aims and

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<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/680010/evidence\\_re\\_view\\_adults\\_with\\_complex\\_needs.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680010/evidence_re_view_adults_with_complex_needs.pdf)

principles to inform the Council's approach to re-designing prevention services for adults with complex needs. To implement a commissioning solution that is evidence based, consistent, fair and cost-effective in meeting the needs of people with such vulnerabilities; reducing the need for more costly statutory interventions.

Adult Care Services will appropriately validate any homelessness support needs data with District and Borough councils to ensure commissioning decisions are based on local evidence.



Furthermore, our engagement has presented the opportunity to address silo commissioning and explore optimum use of resources through a partnership approach to the re-design of services from April 2021.

The Strategy seeks to meet Hertfordshire's ambition to provide the *Opportunity for everyone to achieve their full potential*. The strategic priorities align with Hertfordshire's Prevention Strategy 2019 in ensuring that "services work in more preventative ways – providing those things to our residents that are likely to avoid or reduce their losing independence, and avoid or reduce need for a more costly or complex service in the future;

- supporting individuals, families and organisations to thrive,
- to use services differently and ultimately help prevent the need for more complex services in the future"<sup>2</sup>

This Strategy will be delivered alongside the [Supported Accommodation Strategy](#) to ensure a holistic approach to help more people stay in their own home or maintain their tenancy - and to develop the models of care required to meet Hertfordshire's future demand for supported accommodation.

### **Definition of Complex Needs:**

An individual with two or more needs affecting their physical, mental, social or financial wellbeing. This could include, but is not limited to; mental health issues, substance misuse, domestic abuse, homelessness, physical ill health, learning or physical disability.

### **Service Definition**

- To enable adults with a range of support needs<sup>3</sup> to live as independently as possible in the community
- The support is to be short-term, up to 18 months in most cases
- To be effective in delivering prevention outcomes to adults experiencing:

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<sup>2</sup> <https://democracy.hertfordshire.gov.uk/documents/s4029/Item%203-HCC%20Prevention%20Strategy.pdf>

<sup>3</sup> Not all self-reported support needs will meet Care Act eligibility

- o mental health issues
- o domestic abuse
- o substance misuse
- o homelessness (single and families)
- o rough Sleeping

## 2. Strategic Priorities

The Strategic relevance of these priorities are listed in Appendix three.

**Preventing** and reducing care and support needs (ACS 15 Year Plan)

**Preventing** Homelessness and reducing Rough Sleeping (including families)

Connected Lives – helping to **support people to remain** in their homes and connected to communities

Improving health and wellbeing and **preventing** ill health (due to homelessness)

## 3. Statutory Framework

Under section 2 of the [Care Act 2014](#) (“the Act”)<sup>i</sup>, the County Council must provide or arrange for the provision of services, facilities or resources to prevent, reduce or delay care needs.

Reducing social isolation and enabling social connection, facilitating mobility and mental and physical well-being, and by enabling a home environment allows individuals to live well and have a better quality of life.

The obligation to promote individual’s wellbeing, as outlined in section 1 of the Act and its accompanying Statutory Guidance, includes the suitability of living accommodation as underpinning the County Council’s functions in addressing a person’s care and support needs.

The Act further provides that local authorities are required to carry out care and support responsibilities with the aim of promoting greater integration with health and health-related services and recognise accommodation as a key part of this process.

The County Council’s responsibilities under the Care Act 2014 also include: -

- establishing and maintaining an information and advice service available to everyone in the area, not just those who are entitled to care and support from the council
- promoting integration with the NHS and working with other key partners to improve services locally
- making enquiries if it believed that an adult is, or is at risk of, being abused or neglected

Whilst the Care Act sets out obligations for both single and two tier local authorities on housing and accommodation respectively, the County Council and the District and Borough Councils will utilise established local governance, through the Hertfordshire Supported Housing Strategic Board to deliver this Strategy.

The [Homelessness Reduction Act 2017](#) amended the Housing Act 1996 by inserting new duties to prevent and relieve homelessness. The County Council is specified in regulations as

an Authority required to notify a housing authority of service users, they consider may be homeless or threatened with homelessness (i.e. it is likely they will become homeless within 56 days).

The [Homelessness Code of Guidance](#) states that “Authorities are encouraged to establish arrangements with partners that go beyond referral procedures, aiming to maximize the impact of shared efforts on positive outcomes for service users who may have multiple needs. Such arrangements can advance the objectives of partner agencies and deliver efficiencies for the public purse.”

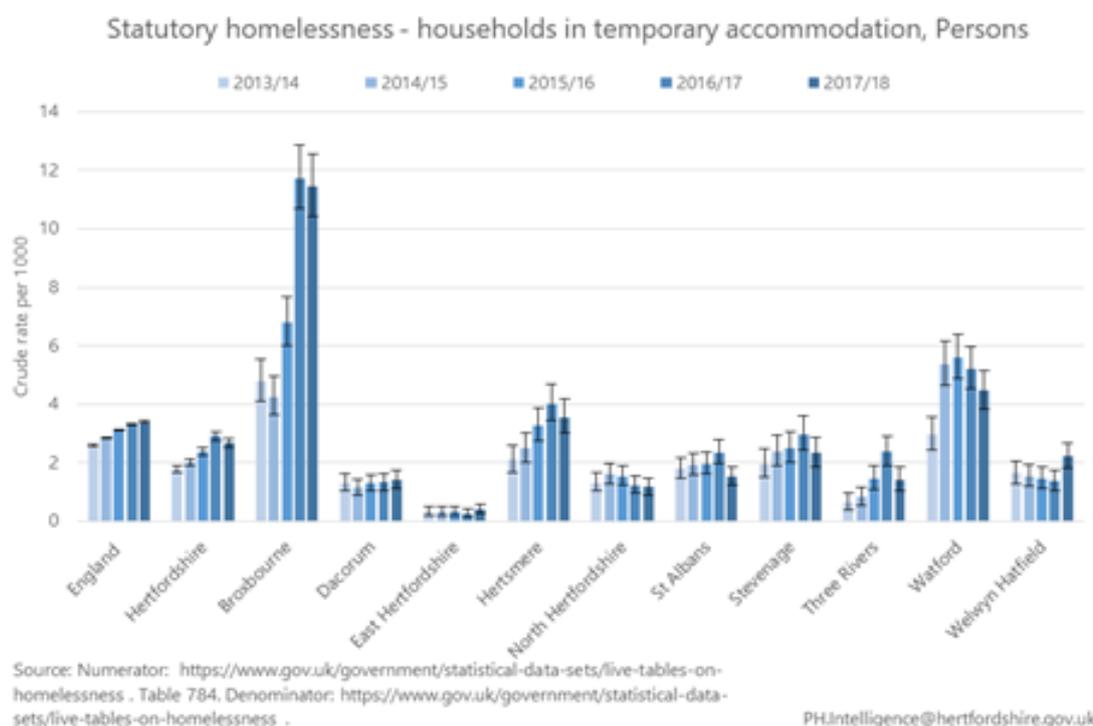
Furthermore, referring authorities should be mindful that for certain individuals, rather than making a referral, it may be more appropriate to assist them to approach a housing authority directly for assistance. A client with particular support needs is cited as an example.

#### **4. Local and National Context**

The rate (crude per 1,000 households) of statutory homelessness in Hertfordshire in temporary accommodation saw an increase from 1.8 in 2013/14 to 2.7 in 2017/18, see Table One. The England average saw a similar statistically significant increase over the same time period. The Hertfordshire district with the highest rate of statutory homelessness was Broxbourne, which also saw a statistically significant increase from 4.8 in 2013/14 to 11.4 in 2017/18.

In 2017/18, the districts with statistically significant higher rates of statutory homelessness, households in temporary accommodation than the Hertfordshire average (2.7) were; Broxbourne (11.4), Watford (4.5) and Hertsmere (3.6). In addition, the Ministry of Housing and Communities and Local Government report that between April and December 2018, in Hertfordshire over 3,000 homelessness approaches were made and of these, over one third had self-reported support needs.

## Statutory Homelessness in Hertfordshire 2013 to 2018

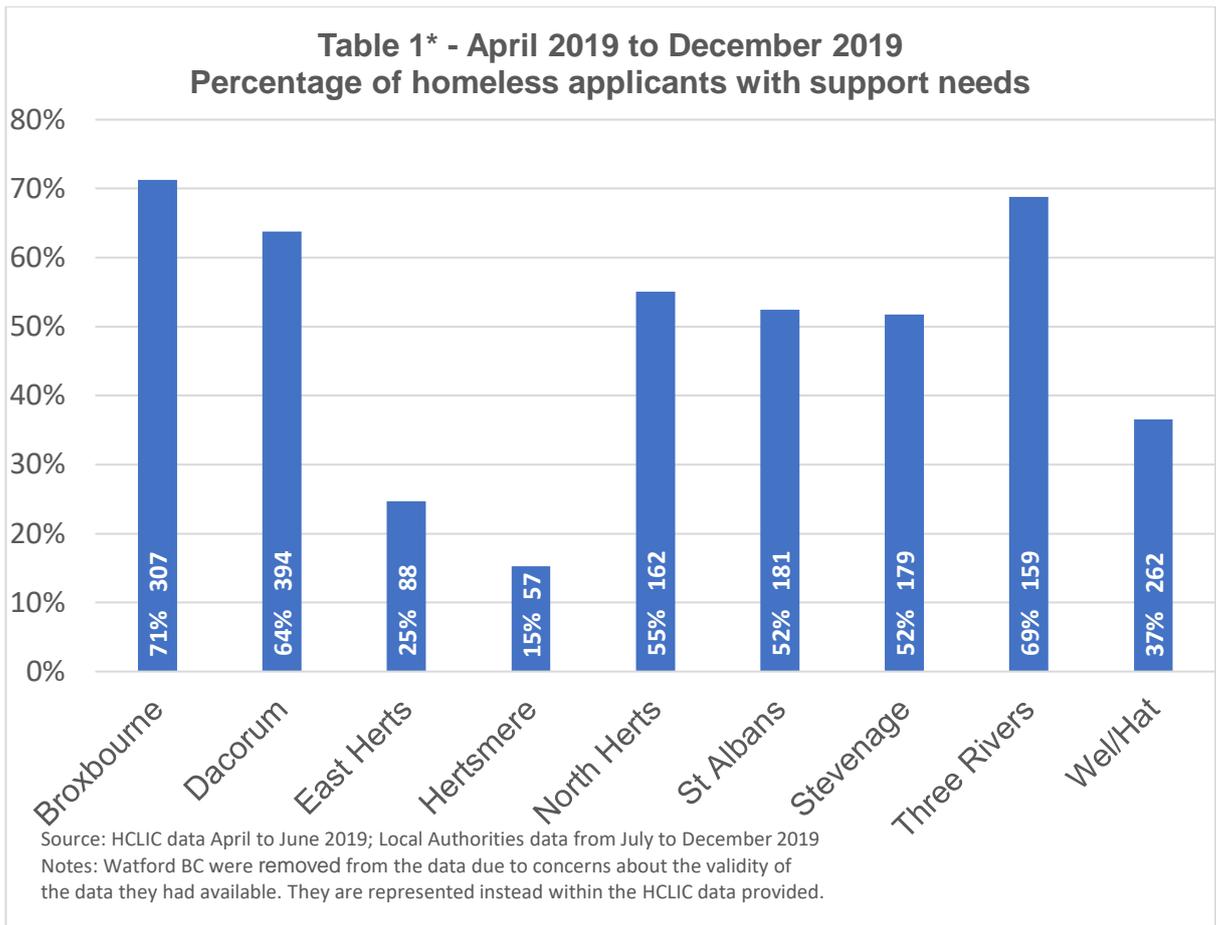


### 5. Key Facts

The [Hertfordshire Joint Strategic Needs Assessment for housing related support 2019](#) highlights the following key facts.

- The top 5 support needs of households owed a homelessness prevention or relief duty are: 1) mental health problems, 2) physical ill health & disability, 3) at risk of/experienced domestic abuse, 4) history of repeat homelessness and 5) Offending History
- Broxbourne and Three Rivers have the highest proportion of homeless applicants with support needs; with over 70% of applicants in Broxbourne requiring support (see Table 1)
- The rates of statutory homelessness in Hertfordshire and England are increasing
- The largest proportion of people owed a homelessness prevention or relief duty are ages 25-34 years
- The average age at death of a Rough Sleeper was 45 years for males and 43 years for females in 2018; in the general population of England and Wales, the average age of death was 76 years for men and 81 years for women.

- Table one reports that between April and December 2019, in Hertfordshire over 3,900 homelessness approaches were made and of these, 1,868 had support needs<sup>4</sup> (Watford data is not included)



\* Data ranges from April 2019 through to December 2019. The data for April – June is in line with HCLIC records. Data from July – December is as reported  
Data from Hertsmere has been estimated based on their HCLIC returns for April – June 2019, as no data was provided for July – December.

Significant efforts have been made since July 2019 to bring together data on support needs of homeless applicants across Hertfordshire to inform this strategy. All housing authorities are required to supply quarterly, detailed case level information on all homelessness cases referred to as H-CLIC data. This is so that the Ministry of Housing, Communities and Local Government (MHCLG) gain a strategic understanding of homeless households assisted through the Homelessness Reduction Act 2017. A significant proportion of local authorities continue to have difficulty complying with the requirements of H-CLIC, consequently MHCLG is not using the information to inform funding decisions. A comprehensive explanatory note is annexed to Appendix four.

However, subsequent data supplied by District and Brough Councils validate that the top support needs of households owed a homelessness prevention or relief duty are mental health problems and physical ill health and disability.

<sup>4</sup> Not all self-reported support needs will meet Care Act eligibility

**Table 2**

Number of homeless applicants with support needs counted from April - December 2019 and Service provision detailing the number of households supported at any given time, per District/Borough.

<b>District</b>	<b>Number of applicants with support needs (April-Dec 2019)</b>	<b>*Maximum capacity in current housing related support services provision</b>
Broxbourne	307	88
Dacorum	394	125
East Hertfordshire	88	27
Hertsmere	57	63
North Hertfordshire	162	161
St Albans	181	298
Stevenage	179	97
Three Rivers	159	35
Watford	**	**
Welwyn Hatfield	262	281

\*capacity refers to accommodation based and floating support services. Some services might accommodate people from outside of their local district/borough and therefore may not meet their local need.

\*\*No Watford data submitted

Information contained in column one provides an overview of the number of homeless applicants requiring housing related support over a nine-month period in each District/Borough. The second column states capacity at any one point in current service provision according to each District/Borough. People can remain in service provision for up to eighteen months depending on the complexity of their support needs. Factors such as length of time in service provision and availability of 'move on' accommodation can prevent new service users accessing services.

## **6. Equalities**

The key focus of this document is reducing inequalities. The guiding principles for commissioning future services will support fair access across the nine protected characteristics.

This Strategy's objective is to co-ordinate, bring together and design a range of services that are accessible to vulnerable people, some of whom may currently face exclusion. The design of future service provision will consider communication, access and a need to review services regularly to ensure that there is full compliance with the County Council's Equalities Strategy.

An Equalities Impact Assessment will be undertaken to ensure that any proposed service model is inclusive and that appropriate measures are in place to mitigate any inequalities identified.

## 7. Strategic Aims and Guiding Principles

The following high-level strategic aims and principles will guide future re-design and commissioning of housing related support services. An evidence-based approach to target housing related support funding according to need and demand is acknowledged by District/Borough Councils. To achieve this, support needs data is to be adequately and consistently collected, to ensure it is robust and comparable.

### 1) STRATEGIC AIM: Fair access to services

**To ensure equality of access to services through a comprehensive understanding of need and current provision. Mapping need for future provision, across different parts of the county, to include information and choice for service users.**

#### **What we know now:**

- Rural parts of the County, for example in East and North Hertfordshire, there is limited access to supported accommodation
- The requirement to meet 'local connection' inhibits cross boundary working and access to night shelter provision outside of the district/borough boundary
- A marginalised group of people, e.g. ex-offenders and those with drug & alcohol dependencies and with co-existing mental health issues in particular can be excluded from accessing accommodation-based services because they are deemed too 'high risk'.
- In the absence of defined pathways into services, Social Work and Housing Practitioners are unclear about service suitability
- People with complex needs are less likely to be able to travel to multiple locations and co-ordinate multiple appointments
- The above can increase the risk of rough sleeping

#### **Guiding principles for future commissioned services will include;**

- Outreach/Floating Support services which are available to all service users, irrespective of tenure
- Keeping service users connected to their communities to ensure they continue to have access to social networks and can maintain links to existing services; applying Hertfordshire County Council 's 'Connected Lives' principles
- Exploration of wrap around/co-location of services, eliminating the need for the service user to visit multiple services at different locations
- Co-ordinated support delivered within a 'HUB' model, with clearly defined and co-designed pathways for Community Mental Health and Drug and Alcohol services - complimenting existing local Homelessness Reduction pathways

- Explore a county wide emergency accommodation-based provision through a Joint Housing Protocol for example, all accommodation-based services retain 30% of provision to meet a county wide demand.
- 2) **STRATEGIC AIM: Prevention and Crisis Intervention. Through joint working with key partners, we will identify opportunities to design cohesive pathways; coordinating services to meet a spectrum of need, achieving improved outcomes for service users.**

**What we know now:**

- To avoid families becoming intentionally homelessness services need to focus on early intervention.
- Individual assessments for people with complex needs results in the delivery of disjointed services - this can cause barriers to sharing information and the inability to develop a seamless service for those in crisis
- The Ministry of Housing, Communities and Local Government report that between April and December 2018 over 3,000 homelessness approaches were made, in Hertfordshire., 1292 of these approaches had self-reported care and support needs. The most common support need is for mental health (52%) followed by physical health (36%) and domestic abuse (22%)
- There is an increased demand for Community Mental Health Services placing pressure on waiting lists. Mental Health services are not always accessible to people with dual diagnosis issues around drugs and alcohol
- Patients facing homelessness following hospital discharge can cause bed blocking if there is no suitable provision to meet their care and support needs in an accommodation setting

**Guiding principles for future commissioned services will include**

- Flexible services to meet changing needs of service users – for example, services that deliver support at crisis point when they are homeless/rough sleeping; services that prevent crisis through delivering support in the home, such as claiming universal credit and access to community mental health services following loss of employment – enabling the service user to sustain their housing costs and receive mental health treatment thus preventing homelessness and removing attributable factors that impact on the individual’s mental health
- Support to families to prevent homelessness and intentionality in order to avoid children becoming vulnerable or a child ‘In Need’
- Housing First principles to meet the complex needs of a ‘cohort’ who are known to multiple services and are at greatest risk of rough sleeping due to mental health and drug and alcohol misuse, particularly those who have yet to achieve abstinence and remain entrenched.

- Clear pathways for supporting hospital discharge policies to prevent delays
- Pathways into a range of housing related support models which includes both harm reduction (housing first) and abstinence-based approaches that will support service users who are experiencing substance misuse issues and complex needs throughout their recovery journey
- Review pathways for victim of modern slavery and human trafficking.

### 3) **STRATEGIC AIM: Housing Provision**

**To ensure access to suitable long-term housing solutions for people in short-term accommodation through robust partnership working with private landlords, Registered Providers, District/Borough councils, Hertfordshire County Council and other Statutory Organisations.**

#### **What we know now:**

- Move on options from short-term accommodation are limited due to a general lack of affordable homes, which causes blockages
- The under 35's group is subject to Single Room Rent Rule and are competing with working people who can demonstrate affordability.
- Local connection eligibility limits move on options in cases where drug and alcohol or ex-offenders support needs are best met outside of their area of origin.
- There is a gap in provision for those with drug and alcohol and mental health support needs in the 50 plus age group, some of whom reside in accommodation designed for older people and where the complex support needs cannot be met.
- There are gaps in single person accommodation-based services where shared facilities unintentionally exclude females

#### **Guiding principles for future commissioned services will include**

- Develop a framework with housing providers to facilitate 'move-on', enabling independence for the service user and creating vacancies for new incoming referrals
- Enhance understanding of the variety of Housing Providers in Hertfordshire and influence Registered Providers' nomination policies utilising the commissioning process
- District/Borough Councils to support Third Sector accommodation-based service providers with Homes and Communities Agency Grant applications and the local planning process to regenerate and improve accommodation facilities
- Support for the service user to move beyond short term accommodation, for a limited time, to achieve tenancy sustainment and prevent repeat homelessness
- A commitment to making accommodation-based support provision for women a future service requirement

- 4) **STRATEGIC AIM: Transformation and Innovation. To continually review services, ensuring that they are meeting changing needs; reflecting the local and national agenda and key partners to explore innovative ways to work together to achieve this.**

**What we know now:**

- There is a sense that statutory services are commissioning services in silos making it difficult to take a county wide strategic approach to service provision
- Due to a lack of quantitative and qualitative intelligence and data, services have developed ad-hoc, often resulting in the service user following the service
- In the absence of a single point of access into services it is difficult to accurately report on the 'care and support' needs data. There is a risk that some service users have not been accounted for and others have been double counted.
- Service Providers and Partners recognise that a change is required to ensure that services are re-designed strategically, with an evidence-based approach enabling innovation and transformation in how services are developed and delivered.

**Guiding principles for future commissioned services will include**

- Establish, deliver and evaluate a pilot project adopting some of the principles such as the 'Hub' and 'pooled budgets'
- Develop mechanisms for joint monitoring recognising that services are to achieve outcomes across mental health, drug & alcohol and homelessness.
- Explore opportunities for joint commissioning to compliment and avoid duplication in services
- Support Service Providers with knowledge and learning to make services resilient and support innovation
- To continue to contribute to the development of the Hertfordshire JSNA for Homeless and Adults with Complex Needs to inform service provision

Adult Care Services will apply *what we know now* and test the guiding principles as part of a complex needs pilot. The pilot will seek to meet the strategic aims by;

- co-locating mental health, housing and drug and alcohol services (Fair access to services),
- providing a single pathway into services that meet a spectrum of need, with the most complex needs being met in a Housing First type accommodation-based service (Prevention and crisis intervention),
- collaborating with housing providers to integrate support and accommodation, and developing 'move on' options (Housing provision)
- working collaboratively with a District/Borough Council, Public Health, Hertfordshire Partnership Foundation Trust, Registered Provider to pool resources, explore innovative ideas and avoid duplication (Innovation and transformation).

This pilot duration is to be nine months, the evaluation of which will test cost viability and outcomes achieved across Public Health, Housing, Adult Care Services, Children's Services and Community Protection.

The diagram attached as Appendix 5 provides an example of the current model in each District/Borough and the proposed model for the pilot.

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## **Appendix One: Service user experience**

### ***Service User W***

“I have been an alcoholic and emotionally unwell for 40 years.

The support for relapse is in place it involves a stay within oxygen until abstinence is re-affirmed and functioning. There are of course rules and procedures around this process and in my experience vital to regaining sobriety”.

Access to volunteering roles was a revelation to integrating back into sobriety and society it is a major factor in my recovery and one of the core elements of recovery.

I am in the process of seeking housing so I feel it's a little early to be able to report on this process”

### ***Service User X***

“My journey has been a little bit different in that I've suffered and am recovering from two moderate strokes 4 months apart and would like to suggest that incorporating a person to deal with complex needs surrounding accessing extra support would be very beneficial to future service users”.

### ***Service User Y***

Person B has a history of mental health issues and self-harming behaviours and has been in prison and hospital in the past. Person B had been sofa surfing between various friends/relatives but had been asked to leave. When approaching the Council as homeless a mental capacity assessment was carried out by the mental health team and it was confirmed that Person B had been asked to leave their current accommodation due to behaviours caused by mental health issues. Person B was assessed as having high care needs and their behaviour was sometimes violent so there were concerns over where to place them and whether they were able to live independently. Later that week the police were called to an incident where Person B was staying, and they were asked to leave again. The outcome of the mental health crisis team's assessment is that Person B is not a risk and is able to live independently.

### **Placement in Council Temporary Accommodation**

Person B was considered unsuitable for mental health supported accommodation due to alcohol dependency, however Person B did agree to move in two months later.

### **Placement in specialist mental health supported accommodation**

A professionals' meeting was called over concerns about their behaviour within the specialist supported accommodation. After serious incidents and aggressive and violent behaviour which required police involvement, Person B was served 28 days' notice and evicted. At a professionals meeting it was confirmed by staff from the local mental health team that their behaviour was due to mental ill health but also partly attributable to misuse of drugs.

### **Second placement in Council Temporary Accommodation**

Following eviction from specialist supported accommodation, Person B was placed in Council temporary accommodation where there were several more incidents of aggressive, violent behaviour resulting in extensive damage to the property and the police being called. There were multiple disturbances where Person B was self-harming, damaging the property and causing

complaints from other residents as they were fearful of Person B's behaviour. The police were then called for a third time and Person B was sectioned by the police and taken to hospital and the temporary accommodation placement ended.

Person B is currently in hospital

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## **Appendix Two: Stakeholders and Partners**

### **Housing Related Support Task and Finish Group membership**

- Adult Care Services Commissioning; Integrated Accommodation, Community Commissioning, Integrated Community Support Commissioning, Integrated Health & Care Commissioning
- Ministry of Housing Communities Local Government
- District Council representatives – North Herts District Council, Welwyn Hatfield Borough Council and Broxbourne Borough Council
- Public Health Analysts (JSNA)
- Public Health Drug & Alcohol Commissioning
- Hertfordshire Partnership Foundation Trust
- Children’s Services/Families First
- Probation Services
- Office of the Police and Crime Commissioner

### **Housing Related Support Workshop Engagement**

<b>Watford New Hope Trust</b>	<b>Stefanou Foundation</b>	<b>Hightown Praetorian Housing Association</b>
<b>HPFT</b>	<b>Watford Borough Council</b>	<b>Stevenage Haven</b>
<b>Dacorum Borough Council</b>	<b>OPCC</b>	<b>Herts Domestic Abuse Helpline</b>
<b>Hertfordshire Constabulary</b>	<b>Druglink</b>	<b>North Herts Sanctuary – Haven</b>
<b>Adult Care Services – HCC</b>	<b>Welwyn Hatfield Borough Council</b>	<b>Safer Places</b>
<b>One YMCA</b>	<b>Broxbourne Borough Council</b>	<b>Aldwyck Housing Group</b>
<b>Stevenage Borough Council</b>	<b>Three Rivers District Council</b>	<b>Broxbourne Borough Council</b>
<b>Refuge</b>	<b>Dacorum Borough Council</b>	<b>Watford Women’s Centre</b>
<b>Settle Group</b>	<b>BeNCH CRC</b>	<b>East &amp; North Herts CCG</b>
<b>Metropolitan Thames Valley Housing</b>	<b>Herts Valleys CCG</b>	<b>Ministry of Housing, Communities &amp; Local Government</b>

## **Appendix Three: Strategic Relevance**

[Hertfordshire Corporate Plan-2019](#)

[Adult Social Care Services 15 year plan 2018](#)

[Hertfordshire Housing Related Support Joint Strategic Needs Assessment 2019](#)

[Hertfordshire Connected Lives](#)

[Hertfordshire County Council Equalities Strategy 2016-2020](#)

[Hertfordshire Prevention Strategy 2019](#)

[Hertfordshire Compact](#)

[Government Rough Sleeping Strategy 2018](#)

## **Appendix Four: Hertfordshire Homelessness Statistics and Support Needs**

### **Hertfordshire Homelessness and Support Needs Data – Explanatory Note**

Significant efforts have been made since July 2019 to bring together data on support needs of homeless applicants across Hertfordshire to inform the Hertfordshire Adults with Complex Needs Strategy. Support needs have been defined as anyone who is homeless and has one other support need including, for example, mental health, learning disabilities, physical ill health, alcohol or drug dependency, etc. All housing authorities are required to supply quarterly very detailed case level information on all homelessness cases they deal with, referred to as H-CLIC data. This is so that the Ministry of Housing, Communities and Local Government (MHCLG) gain a detailed understanding of what is happening with homeless households assisted through the Homelessness Reduction Act 2017 which came into force in April 2018. H-CLIC replaced the former P1E aggregated data collection system which MHCLG was dissatisfied with. A significant proportion of local authorities continue to have difficulty complying with the requirements of H-CLIC even though it is almost two years since the system was introduced. MHCLG labels H-CLIC data as experimental and has informed local authorities they are not using it to make funding decisions.

The difficulties are demonstrated through the data recently compiled and disseminated about support needs of homeless households in Hertfordshire. This contains issues making it unsafe for sole reliance to make complex needs services commissioning decisions:

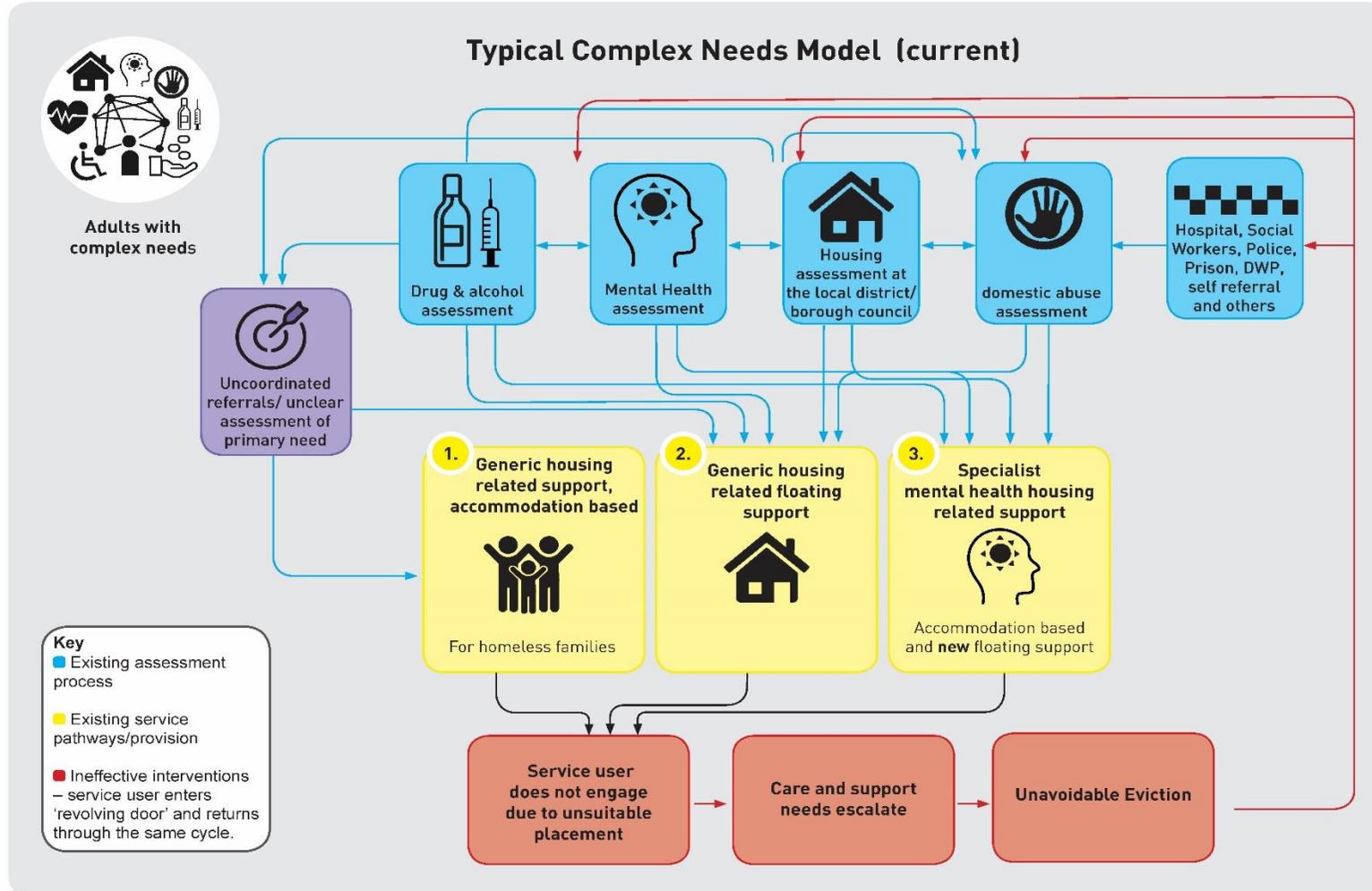
- There are wide variations between districts as to levels of support needs of homeless applicants. The wide variation indicates that different districts are collecting information in different ways so consistency of approach is not in place. For example, the number of homeless households Dacorum records as having support needs far outweighs any other district in Hertfordshire which needs to be understood.
- Some cohorts of homeless applicants may not be adequately represented in the data. Rough sleepers (RS) are a case in point: a significant proportion of rough sleepers do

not engage with LAs for a variety of reasons so their support needs are not collected through the H-CLIC system. Data about their support needs may be collected in others ways so going forward this needs to be taken into account. For example, Watford has significant data for rough sleepers who engage with RS funded Intervention Team and Street Outreach Services rather than the Homelessness Reduction Act system. Again, though, not all districts have such resources so it not possible to provide a consistent picture.

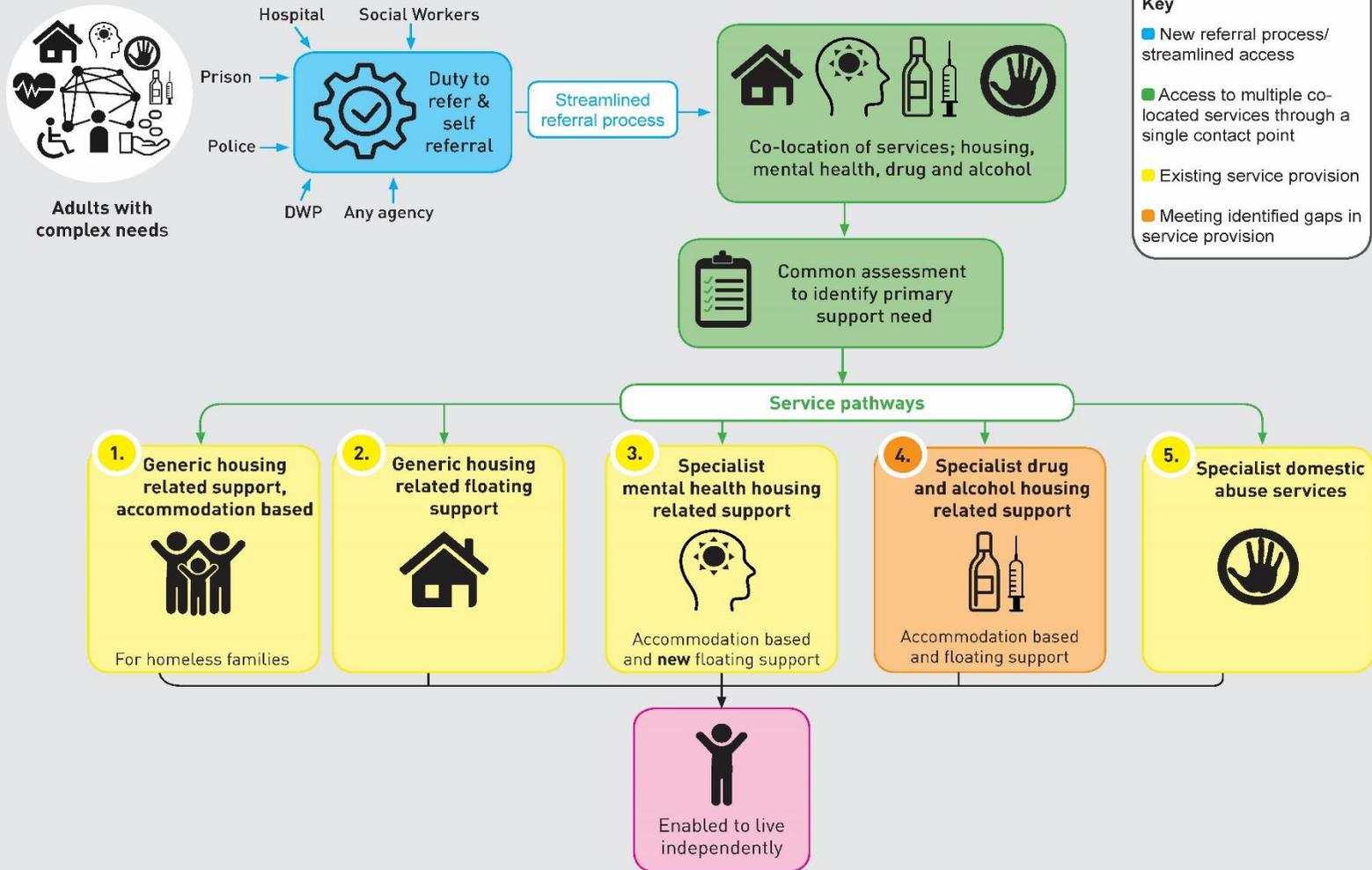
- Some districts have little confidence in the accuracy of their IT systems (Watford is one) and some districts compile data manually (Stevenage).
- All District and Borough Councils acknowledge there is a need for support needs data to be adequately and consistently collected, so that all have confidence that the resulting data is robust and comparable.

FINAL

## Appendix Five – Complex Needs Model



## Pilot Complex Needs Model (new)



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FINAL