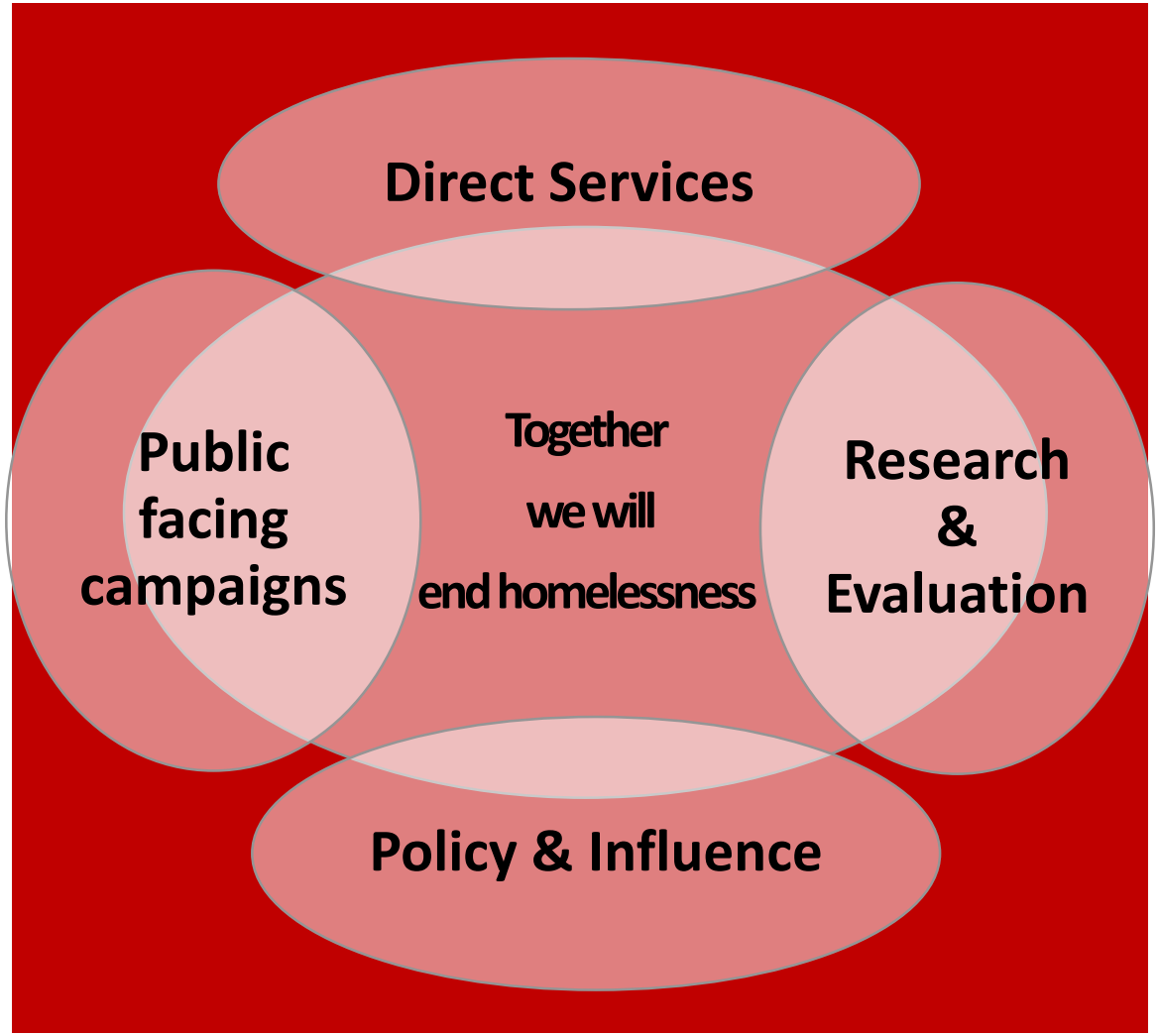
Commissioning to Safeguard People who are Homeless

A provider's perspective

A little about Crisis



Crisis is a national charity that works to end homelessness. We do this through:

- Providing direct services for over 8,000 people each year across England, Wales and Scotland
- Undertaking research and evaluation to show what works to end homelessness
- Campaigning to build public consensus that homelessness can and should be ended – and for the policy changes that are required to end homelessness

What does good commissioning look like – to safeguard people who are homeless?

Commissioning is:

- The processes by which services are planned, purchased and monitored (Wenzel, L and Robertson, R 2019). This will include:
- **Analysis**
- **Planning**
- **Securing (purchasing) services**
- **Reviewing**

Good commissioning should be

Person centred and outcomes focused	1. Person centred and outcome focused 2. Promotes health and wellbeing for all 3. Delivers social vale
Inclusive	1. Coproduced with local people, their carers and communities 2. Positive engagement with providers 3. Promotes equality
Well-led	1. Well led 2. A whole system approach 3. Uses evidence about what works
Promotes a sustainable and diverse market place	1. A diverse and sustainable market 2. 11.Provides value for money 3. 12.Develops the workforce
Integrated (2018 update) & place-based	1. Local government & NHS should work closely together: place-based and

Commission for quality

- **Positive experience**: Caring: providers treat people with compassion, dignity and respect
- **Responsive**: services respond to citizens' diverse needs, meeting the needs that people themselves have identified, in ways they have chosen, with support from professionals.
- **Safety:** People are protected from avoidable harm, neglect and abuse. When mistakes happen lessons are learned.
- **Effectiveness:** People's care promotes a good quality of life and is based on best practice.
- **Well-led**: they promote a culture that is open, transparent and committed to learning and improvement.
- **Use resources sustainably:** resources are used responsibly, providing fair access.

- Recognise the cost of quality (including safety) and continual improvement

What gets in the way of good commissioning?

Challenges and barriers

1. Funding & austerity!
2. The increase in non-commissioned services (support exempt)
3. Power imbalances
   - The wrong KPIs
   - Lack of reciprocity & collaboration
4. Lack of integrated approaches/ boundaries – loss of visibility/ownership:
   - Funding – whose budget?!
   - Complexity and thresholds
   - Governance
   - Legislated responsibilities
   - Geography (local connection!)

Non-commissioned services

- “Support exempt” (secured higher rent levels!) = accommodation which is…provided by a non-metropolitan country council, a housing association, a registered charity or a voluntary organisation where that body or a person acting on its behalf also provides the claimant with care, support or supervision

- Limited governance (charity commission/ HB teams) – outside commissioned pathways

- Financial and institutional abuse (NE, WM and S London)

Power imbalances

- KPIs imposed/ unintended consequences

- VCO staff not always seen as equal partners
  - Information isn't shared –no full picture
  - Normalising risks/ risks & impact of complex and multiple needs not understood
  - Struggle to convene

“Alice” was discharged from an acute inpatient ward in the first week of lockdown #1 to “sofa surf” at a relative’s as she had lost her home whilst in hospital. The situation was not sustainable and they approached Crisis. Alice’s mental health difficulties mean she can be overwhelmed with anxiety and not able to talk on phone or communicate via texting/emailing: she needed face to face support which was offered, enabling trust to develop and she provided informed consent for Crisis to contact relevant agencies to address her housing and support needs.

Despite this, the council did not communicate with Alice’s support worker, prolonging her period of homelessness and increasing the risk to her safety, until a formal complaint was raised.

A safeguarding referral to Adult Social Care was made, but they forwarded the information to Alice’s care co-ordinator within the mental health team, who had left. A second referral led to an allocated Social Worker allocated and a care package for Alice around mental health re-enablement. Crisis provided practical support and arranged furniture, and Alice is now settled in a property, with Crisis helping her build new relationships with her care co-ordinator and social worker to reduce the risk of her becoming homeless in the future.

John" was a single, 58 year old male who was experiencing physical, psychological and financial abuse. He had very poor physical health and severe and enduring mental health problems. His relationship with his CPN had broken down and "John" was struggling without support. His developing relationship with his Crisis worker was not informed by formal duties and obligations, and focused on his priorities.

"John" had a tenancy but was rough sleeping as he felt safer than being at risk of abuse from neighbours. Crisis advocated for "John" and convened a multi-disciplinary team meeting, with Social Services, Housing Options, the Registered Social Landlord, police and other homelessness charities who knew "John". An action plan was put in place to safeguard "John" – hearing his wish to be rehoused and accepting this as the best way forwards to safeguard him. His wider needs were also addressed. Crisis supported "John" over an 8 month period, continuing to organise multiple Multi Disciplinary Team meetings until "John" was rehoused in a new location with a care package, and an appointee who would safeguard him from future financial abuse.

Fragmentation

- Governance: loss of the SP Commissioning Body – reduced focus on homelessness
- Health & wellbeing Boards - housing a core component of health and wellbeing, but focus is often upon the quality and suitability of accommodation (not the impact of not having it!)
- JSNAs – may not consider homelessness as a cross cutting theme
- Legislation/ budgets create barriers and boundaris

Data & visibility: out of sight, out of mind?

- We ‘commission’ in order to achieve outcomes for our citizens, communities and society as a whole - based on knowing their needs, wants, aspirations and experience.

- A challenge for commissioners is that although some forms of homelessness are visible, namely people sleeping rough or those in commissioned services, many people who experience the worst forms of homelessness that can include sofa surfing, sleeping on public transport or in cars/vans, tents or non-residential buildings can be overlooked

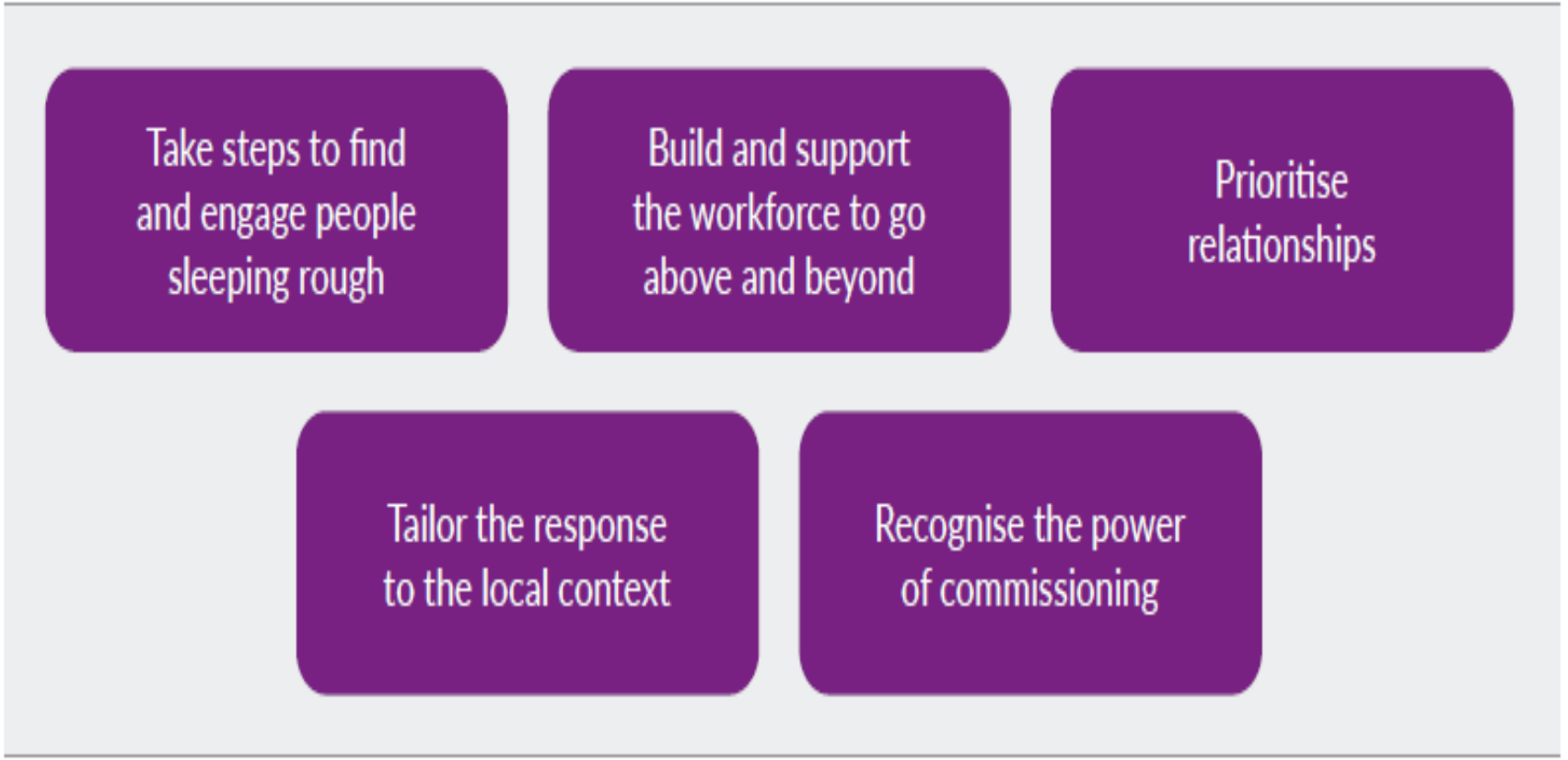
- People who are homeless may be perceived to have only tenuous “local connections”

What enables good commissioning?

Enablers

- **Respect & reciprocity** – seeing providers as equal partners
- Health & Wellbeing Boards (JSNAs) – with a dedicated place (focus on) for homelessness (not just housing) – and working with adjacent areas where people cross boundaries
- **Investing in skills** & development – level up (not down)
- Providers and people with lived experience involved in service design and setting outcome focused KPIs
- **Contract to support investment** – using competitive dialogue and contracting to review and develop at agreed milestones; if it isn't working, change together
- Person centred = systemic service commissioning
- **SABs – convening powers** across a system and across boundaries

Figure 3 What does a local system need to focus on to improve health and care outcomes for people sleeping rough?



Bayliss, A, Cream, J et al, "Delivering Health Care for people who sleep rough: going above and beyond", February 2020, King's Fund

Things to focus upon

Recommendations (a provider's perspective)

- Trusted partners – involve us (& PwLE) in designing services around outcomes & impact, not processes & activities
- Invest to save – training & skills (level up) and reflective practice
- Respect & recognition – we have valuable insights and should be involved and heard when raising concerns and suggestions
- Reciprocity - have high expectations of us but have them for yourselves and others too!
- Convene to innovate and create