

## HRS Strategy Consultation Responses

We would like to offer our thanks to all of those who contributed to the HRS Strategy Consultation.

We received 20 written responses from a range of providers, partners and stakeholders, and 23 people attended the online feedback sessions which we hosted.

We have considered all your responses and summarised these in the table below, along with our responses.

What You Said	Our Response
<b><u>Corrections and suggested changes:</u></b>	
The majority of people were happy with the vision statement, though several felt it needed to be shorter. A few people commented that they didn't feel it was a 'Vision' and should be more about what we want to achieve.	As the majority supported this 'Vision' statement we have not made extensive changes to the wording, but have shortened it.
Would prefer us not to refer to those who require services as 'vulnerable'.	We have removed 'vulnerable' in the context of people from the Strategy.
'Commissioning Principles' section does not recognise "partners". Partners are recognised in the "commissioning approach" but this also needs reflecting in the overarching principles.	'Commissioning Principles' section has been updated with specific reference to partners.
Some errors were identified in relation to service details e.g. incorrect unit numbers.	All errors highlighted by respondents in relation to service details have been corrected.
There were some errors in relation to reported rough sleeper statistics.	Changes have been made for all inaccuracies identified.
Your principles read more like 'outcomes' and the headings for your approach read more like 'principles'.	This has not been highlighted as an issue by any other respondent. We acknowledge this comment, but do not feel that any amendment to the current headings is required.
Would be useful to have a couple of sentences to explain 'prevention' and 'relief duty'.	Footnotes added to explain these.
Need to reference 'No Recourse to Public Funds'.	This is acknowledged under 'Other Emerging Needs and Challenges' where we have noted the challenges connected with people immigration status. This includes, but is not limited to, those identified as NRPF.
HRS definition need to include 'emotional wellbeing' and 'mental health needs'.	Definition updated to specifically include these areas.
The victims section of the Police and Crime Plan could be highlighted. This seeks to ensure that victims have access to clear pathways of support.	The 'Police and Crime Plan' reference in the 'Local Context' section has been expanded to reflect this.

The document could refer to the National Drug Strategy 2017 and the February 2020 Dame Carol Black Review. Both these documents support housing and clearly state successful treatment outcomes need to be supported by stable housing.	We acknowledge the link between substance misuse and homelessness but there is no current version of The National Drug Strategy. However we have included data on substance use within the 'Population Information' section.
<b><u>Protected Characteristics:</u></b>	
Strategy references ethnicity specifically but would also like to see information included for other protected groups e.g. older people, LGBTQ+ Need to reference how needs of specific groups will be considered and met e.g. women fleeing domestic abuse, LGBTQ+, ethnically specific needs etc.	Links to additional demographic data have been added within the 'Population Information' section to allow people to access specific data relating to these groups where available. Wording under 'Commissioning Principles' has been updated to include specific reference to 'inclusion' and 'diverse population'. Many services already support a wide range of people delivering support that is sensitive to their individual circumstances. The service redesign work will also consider how services can be remodelled to deliver flexible and inclusive services that can respond to each individual's needs and circumstances.
Groups covered by the equality act who suffer additional disadvantage need to be considered when planning services - A 'we are open to help everyone' approach does not work for these groups.	We are committed to ensuring that services we commission are accessible for all those who require them, and are able to support individuals appropriately. However, with limited resources available, having dedicated services for each group covered by the Equality Act may not be viable.
Ideally a new subheading of "Inclusive" could be added under the section on Commissioning Approach.	Wording under 'Commissioning Principles' has been updated to include specific reference to 'inclusion' and 'diverse population'.
There is no mention of the County Council's single equality strategy and no mention of groups that may have a protected characteristics.	Reference to Cambridgeshire County Council's 'single equality' strategy added within the 'Local Context' section. Peterborough City Council are in the process of finalising a new draft strategy which will then go out for consultation. Links to additional demographic data have been added within the 'Population Information' section to allow people to access specific data relating to these groups where available.
<b><u>Domestic Abuse:</u></b>	
There is no reference to the new Domestic Abuse Bill.	Information has been added on the new Domestic Abuse Bill.
Need to ensure there is continued commitment to refuge provision for those fleeing domestic abuse as detailed below.	Specific reference made under 'Commissioning Priorities' to the continued importance of refuge provision.

Does there need to be more accommodation to support with domestic abuse as within the pandemic this has been an issue and with local lockdowns this could worsen.	The new Domestic Abuse Bill will include a requirement to look at local accommodation and support needs for those experiencing domestic abuse. This work will be taken forward by the domestic abuse lead for the Councils.
<b><u>Funding / Costs:</u></b>	
Need more detail on where Housing First fits and how much of the HRS provision would be delivered through this. Perhaps also refer to current funding situation.	This is addressed under 'Commissioning Priorities' and reference is also made to the funding and the need to also identify other sources of funding to sustain the current model being developed. The service redesign work which is currently underway, will help inform any decisions around volumes of provision.
'Commissioning Principles' should include a commitment to ensuring that costs which would normally be expected to be borne through service commissioning are not passed on to providers or other partners.	The 'Commissioning Principles' already include a commitment to provide value for money and to commission services that are sustainable and financially viable to deliver.
Need more explicit recognition that providers also need to be able to develop sustainable services i.e. providers have effectively had cuts over the last few years as they have had to absorb inflationary pressures as well.	A bullet point relating to sustainability and viability has been added to the 'Commissioning Principles' section.
<b><u>Covid 19:</u></b>	
COVID 19 is mentioned under 'Emerging needs and Challenges', but you do not really unpick what the impact of this is and this includes the positive.	We have acknowledged that we need to consider how some of the positives resulting from Covid 19 can be used to influence future delivery models and commissioning decisions, but further analysis needs to be undertaken to understand specifically what has worked for who and whether this can be applied as a long term solution.
Would be more accurate to say that Covid 19 'revealed' rather than 'caused' higher level of rough sleeping.	Wording has been changed to reflect this.
<b><u>Service Approach:</u></b>	
Strategy does not set out what do we see as the balance between preventative and responsive services.	All HRS services are contributing to the prevention agenda, but 'prevention' will look different across different services e.g. preventing homelessness or preventing access to crisis or care services.

Sometimes no matter what support is offered it cannot prevent people going into crisis, so a crisis support element should be considered.	We would hope that greater availability of support for those with complex needs will help reduce the need for crisis support, but we acknowledge that some people will still need a crisis response. The type of response will depend on the need they present with, but if an intervention from a statutory agency were required, we would not expect HRS services to manage this.
Can we include something around Trauma Informed Approach?	The Strategy aims to provide a strategic direction. This relates more to the delivery model and therefore would be something captured within the service redesign work and aspects such as development of service specifications.
We must make greater use of digitalisation in how we provide support. Face to face is often desirable but there are many other alternatives. Housing has generally been slow to grasp the advantages of being more digital and it can provide both efficiencies and improved service quality. We believe there need to be better solutions and a revision to some of the traditional models of providing support.	We would be keen to see proposals for new services which combine direct 'face to face' support with more innovative digital solutions.
<b><u>Partnership Working:</u></b>	
Include a point about clarity of organisations and roles, as there can be overlap and risk of poor value for money and confusion on the part of the client who can end up with multiple support workers.	These is something we would be seeking to address through service redesign, and are seeking to try to broaden the range of services available.
In addition to the 'Commissioning Principles' listed, where shared outcomes are delivered across service boundaries consideration should be given to bringing those services together under one contract. Also, look to embed other commissioned services such as mental health or substance misuse where appropriate. Need to reflect this how joint commissioning also meet partners' needs.	This would be considered as part of the Procurement approach for each commissioning exercise undertaken.  We believe this is already covered under the 'Collaborative' heading within the 'Commissioning Approach' section - <i>Joint commissioning and joint working to support delivery of shared priorities and mutually beneficial services.</i>
Need to ensure that services are designed in such a way as to minimise ;hand off; points and ensure continuity of support - we need to commission fewer services than is currently the case to allow for a more holistic service response	This is something that will be considered as part of the service redesign work.

Services commissioned should allow for some service delivery through community volunteering; not as a cost cutting measure, but where that is the best way of meeting individual needs.	We would be very keen to see community volunteering initiatives which were able to complement our commissioned services.
Needs to be a strong link with mental health commissioning to enable sharing of resources and integration with mental health services.	Work has been underway to provide a more integrated approach between housing support and mental health services. There is further work to be done to strengthen this link and this will be progressed as part of commissioning and delivery programmes.
It would be helpful to have a SMART Strategic Action Plan to go with the Strategy to show in as much detail as possible at this stage, how the objectives may be achieved. Then providers can better see how they can work together with the Council to put the detail and ideas into the plans. You should include priorities for transformation and timescales, providers need to know these details and to gear up for change.	This detail will be covered in the annual 'Delivery Plan' referred to in the strategy rather than the Strategy itself. Some information regarding timescales is also being shared via groups established to look at service redesign and new delivery models.
<b><u>Co-production:</u></b>	
Flexibility of services also needs to include enabling services to be tailored to needs identified by service users themselves.	This is reflected within our 'Commissioning Principles'. We also acknowledge that existing services already take a client led approach. This is something we would seek to strengthen through the redesign work.
Would welcome more emphasis on what clients need themselves not necessarily what we think they need. Co-production is needed.	Specific reference to co-production has been added under 'Commissioning Approach'. Client involvement will also be sought as part of the redesign work.
No reference to any client feedback within the strategy.	Our intention is to continue to provide opportunities for existing, former and potential clients to influence the service redesign work.
<b><u>Meeting Needs:</u></b>	
Welcome the focus on ensuring that services commissioned for homeless adults, rough sleepers, offenders and young people at risk of homelessness are able to evolve to ensure they continue to effectively meet the needs of current and future customers. Presumably, this will include approaches that tackle the identified gap for those with complex needs, including dual diagnosis?	The redesign work will look at how identified gaps in provision, such as support for those with complex needs, can be delivered through future models. It will also consider how we engage with other partners to ensure that people can also access the specialist support they may need.

Service models need to recognise the wide age-range of people who may need support, including older people with complex mental health needs.	This is something that will be considered as part of the service redesign work.
What is the vision for older people? Strategy does not make this clear. The growth in numbers of older people continues and it is unclear what approach the strategy is proposing.	The 'Vision' covers all HRS services. No 'client group' specific visions have been developed. The growth in numbers of older people and the impact of this is already picked up by other strategies across Cambridgeshire and Peterborough. Further information can be found by following the links below. <a href="https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/strategies-for-adults-and-older-people">https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/strategies-for-adults-and-older-people</a> <a href="https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy">https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy</a>
A gap in supported housing suitable for older people with complex or enduring support needs, sometimes (although not always) combined with care needs	This comment will be shared with the relevant Commissioners and Adult Social Care colleagues.
The challenging nature of many clients in hostel accommodation mean that individual placements will increase risk and increase the revolving door of homelessness and unaddressed support needs. Hostel accommodation may not be perfect across the region but there needs to be a clear and sustainable model to replace it.	We have acknowledged the need for a mix of provision, and we are committed to ensuring we work with a wide range of partners and stakeholders in redesigning services.
There needs to be a balance of hostel, Housing First, move on, self-contained housing, older person's accommodation and various floating support services, as there will always be a cohort of clients who will benefit from the higher degree of contact with staff afforded by hostel accommodation to enable more effective progress towards their outcomes.	We have acknowledged the need for a mix of provision, and we are committed to ensuring we work with a wide range of partners and stakeholders in redesigning services.
We also believe that floating support needs rethinking for high needs cases. This is particularly apparent where floating support packages offer only basic support and much of this is on a 9-5 Monday to Friday basis - the local community then bears the brunt of the impact of the behaviour of the challenging client.	It should be noted that the countywide floating support service we commission is not aimed at supporting people with high or complex needs, (although it does support some people with higher needs). This is one of the many things that will be considered as part of the redesign work.



Support for those new to homelessness – following the economic impact of Covid there may be an increase in people who become homeless after losing private rented accommodation a lot of them will be quite low needs and new to homelessness so the council need to take this into account and find a cost effective way to support this group.	The County's countywide floating support service are already responding to an increase in demand from people in this situation. This is something we will continue to monitor with the service provider. We also acknowledge that District Housing partners will be supporting many people in this situation to prevent or resolve their homelessness in line with their duties under the Homelessness Reduction Act.
Matching clients with the right service is important. Need to ensure ongoing choice and flexibility so that people can be transferred to a more appropriate solution for them if that is what is needed.	We have acknowledged the need for a mix of provision, and we are committed to ensuring we work with a wide range of partners and stakeholders in redesigning services.
When people move on from support services into their own tenancies, they need ongoing access to support and advice when they need it. Otherwise, they are very likely to experience the same problems as they experienced originally, which propelled them towards homelessness. Need to ensure sensitive landlord housing management and the ability to reactivate their connection with their original support service which they know and trust is essential to prevent further homelessness. The ability of support services to continue to look out for their move on clients therefore needs to be considered in the resourcing of services.	The need for ongoing support will be considered as part of the service redesign work. The issue relating to sensitive housing management approach will be raised with our district housing partners who we acknowledge already work closely with landlords to prevent individuals from experiencing homelessness.
If young parents are predominantly from areas other than Cambridge City why is the only young parents facility in Cambridge and not Fenland or Peterborough? Local services would allow young parents to receive support in their locality parents in their locality and be part of 'place based services'.	Dedicated units of accommodation are available for young parents in Fenland with visiting support provided to these individuals. Any evidenced need for additional provision can be considered as part of redesign work.
<b><u>Monitoring / Outcomes:</u></b>	
To measure success you need to take into account qualitative feedback rather than just having quantitative targets, which often do not provide the best outcomes when working with vulnerable people.	This will be considered when we develop a new outcomes based monitoring framework with providers and partners.
In terms of commissioning approach, careful thought needs to be given about what outcomes can be attributed to services as there is a risk of 'gamification' if this is not well thought through.	This will be considered when we develop a new outcomes based monitoring framework with providers and partners.

Need to stress the need to develop a new monitoring framework.	The need to develop a new Monitoring Framework is already referenced within the 'Commissioning Priorities' section.
<u>Other:</u>	
<p>A number of comments and observations not specifically linked to the Consultation Questions were also made. Due to the length of some of these we have not listed them individually but instead have summarised some of the areas they relate to;</p> <ul style="list-style-type: none"> <li>• Cost shunting</li> <li>• Budget reductions / savings</li> <li>• Viability of services</li> <li>• Need to increase provision to meet increasing need/population expansion</li> <li>• Involvement of partners in decision making</li> <li>• Use of HRS funding</li> <li>• Should older person's services be part of the general older persons commissioning and not HRS?</li> <li>• Access to specialist support e.g. mental health &amp; Dual diagnosis support</li> <li>• Cross area movement/use of services outside local connection area</li> <li>• Impact of economic recession on homelessness</li> <li>• Hidden homelessness</li> <li>• Legal responsibilities in relation to groups with protected characteristics</li> <li>• Moving of PCC services from grants to contract</li> <li>• Use of competitive tendering and piloting new models</li> </ul>	<p>All these comments will be discussed by the County's 'Housing Related Support Governance Board'.</p> <p>Responses to these comments and observations will then be fed back directly to the person or persons who raised them.</p>