

Birmingham City Council

Report to Cabinet

16th March 2021



Subject: SHARED OUTCOMES, ROUGH SLEEPER OUT-OF-HOSPITAL CARE MODEL FUNDING PROPOSAL

Report of: Louise Collett
Acting Director of Adult Social Care

Relevant Cabinet Member: Cllr Paulette Hamilton - Health and Social Care
Cllr Tristan Chatfield - Finance and Resources
Cllr Sharon Thompson - Homes and Neighbourhoods

Relevant O &S Chair(s): Cllr Rob Pocock - Health and Social Care
Cllr Sir Albert Bore - Resources
Cllr Penny Holbrook - Housing and Neighbourhoods

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Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, add Forward Plan Reference: 008570/2021		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, state which appendix is exempt, and provide exempt information paragraph number or reason if confidential:		

1 Executive Summary

- 1.1 The purpose of the report is twofold: the first to inform Cabinet of a proposal which was submitted to the Department of Health and Social Care (DHSC) for Year 2 (21/22) funding on 8th March 2021 for the value of £600,000.

- 1.2 Secondly, if the proposal is successful to request approval to accept the grant funding and enter into a grant agreement with the Department of Health and Social Care to deliver the project through the governance of the Birmingham Better Care Fund.

2 Recommendations

2.1 The Cabinet

- 2.1.1 Notes and retrospectively approves the proposal to the Department of Health and Social Care that was submitted to meet the deadline of 8th March 2021 for Year 2 (21/22) Out-of-hospital Care Model funding (**Appendix 2a and 2b**)
- 2.1.2 If the proposal is successful, delegates the Acting Director of Adult Social Care in consultation with the Chief Finance Officer and the City Solicitor (or their nominees) to consider whether any grant conditions require further approvals, and, if not, to accept the grant funding and enter into a Grant Agreement with the Department of Health and Social Care.
- 2.1.3 Authorises the City Solicitor to negotiate and execute any documents to give effect to the above recommendation.

3 Background

- 3.1 In March 2020 the government committed £46 million from the Shared Outcomes Fund to provide improved support to individuals overcoming multiple complex needs, such as homelessness, reoffending and substance misuse.
- 3.2 Evidence from National Institute of Health Research (NIHR) 'Transforming out of hospital care for people who are homeless' 2020 indicates that homelessness and rough sleeping places individuals at heightened risk of morbidity and mortality with almost one in three deaths among people who were homeless and that had experienced hospitalisation, due to causes amenable to timely and effective health care.
- 3.3 Evidence from National Institute of Health Research (NIHR) 2020 funded research shows that hospitals with access to specialist step down service for their homeless patients saw a reduction in A+E visits and that out-of-hospital care tailored to the needs of patients who are homeless is more effective and cost effective than standard care.
- 3.4 The Shared Outcomes Fund has awarded c. £16m funding to DHSC, in partnership with the Ministry of Housing, Communities and Local Government (MHCLG), to implement and learn from 'out-of-hospital care models' for people experiencing homelessness and at risk of rough sleeping (OOHC). The OOHC programme is designed to enable transformation through supporting new ways of working leading to improved outcomes and better patient experience.

- 3.5 The DHSC with input from MHCLG, Better Care Fund, Public Health England (PHE) and National Health Service England and Improvement (NHSEI) advisers have selected 14 areas that they considered represented the best opportunity of achieving successful transformation. Birmingham is one of the areas selected to develop their local model and test out interventions to ensure safe and timely transfers of care from hospital to the community; to the standard described in the High Impact Change Model (HICM) and the supporting tool and research by King's College London, for people experiencing homelessness (**Appendix 1**)
- 3.6 The target group for the funding are individuals who are experiencing rough sleeping, or at risk of rough sleeping, to
- 3.6.1 Prevent and reduce inappropriate hospital attendance and admissions
 - 3.6.2 Prevent and reduce hospital discharge to the street, and readmissions
 - 3.6.3 In the longer term, to support settled lives.
- 3.7 The HICM is not new and out-of-hospital care has been mainly designed with older people in mind. It aims to support local system partners to minimise unnecessary hospital stays and encourages systems to consider new interventions. The Kings Fund have developed supporting tools and standards to complement the 9 HICM system change interventions (for older people), that can be sensitised to the needs of individuals who are homeless.
- 3.8 The 9 HICM interventions in scope for this funding proposal will include one or more of the following:
- 3.8.1 Change 1: Early Discharge Planning
 - 3.8.2 Change 2: Monitoring and Responding to System Flow
 - 3.8.3 Change 3: Multi-Disciplinary Working
 - 3.8.4 Change 4: Home First
 - 3.8.5 Change 5: Flexible Working Patterns
 - 3.8.6 Change 6: Trusted Assessment
 - 3.8.7 Change 7: Engagement and Choice
 - 3.8.8 Change 8: Improved Discharge to care homes
 - 3.8.9 Change 9: Housing
- 3.9 Developing pathways out of hospital is a key objective of the Governments programme for Integration and Better Care Funding (BCF) and the HICM is endorsed through this. The BCF places clear expectations to support the wider integration agenda and in particular highlights the potential for the commissioning of housing related support. The funding proposal for Birmingham will support delivery of the BCF objectives.
- 3.10 This proposal provides Birmingham with a unique opportunity to be part of a nationally evaluated programme, whilst at a local level, it offers a chance for

partners, with support of the Local Government Association Care and Health Improvement Programme (LGA CHIP), to drive up standards of care for individuals that are at risk of rough sleeping.

- 3.11 The proposal will enable Birmingham partners to test the sensitivity of existing out-of-hospital care services and pathways to the needs of individuals who are homeless and at risk of rough sleeping. It will enable partners to identify gaps and opportunities that would benefit from an improvement intervention, and to then test and evaluate these for effectiveness against a set of agreed outcome measures pertinent to the intervention.
- 3.12 As the grant funding will be administered through the Better Care Fund, with a discreet budget, Cabinet can be assured that the strong governance already in place will enable transparency and accountability for spend, to both BCC and the Health and Wellbeing Board. This project will report to the Birmingham Integrated Care Partnership (BICP) against the delivery of the agreed outcomes of the proposal within the available financial envelope and agreed timescales.

4 Options considered and Recommended Proposal

- 4.1 Birmingham is committed to homelessness prevention and is one of the Governments 43 Rough Sleeper Taskforce priority areas. Birmingham has invested resource and capacity in rough sleeper services, to bring 'everyone in', deliver 'home / housing first', to invest in 'early intervention' pathways and to commission integrated services for individuals with multiple complex needs.
- 4.2 Yet the homeless health and care system remains fragmented, with multiple processes and pathways across community, primary, social and secondary care services, that do not always work symbiotically to achieve the best long-term outcomes for individuals at risk of rough sleeping.
- 4.3 Birmingham Council has been working closely with partners to focus on upstream homelessness prevention. The Birmingham multi-agency Homeless Partnership Board, Health and Homelessness sub-group had identified the need for system partners to collaborate together to intervene early to mitigate the risk and perpetuate the cycle of homelessness.
- 4.4 The grant provides an opportunity to secure additional resources to the value of £640,000 over the 15-month lifetime of the project. These will test high impact change interventions for improving out-of-hospital care that will help to break the cycle of multiple admissions for rough sleepers. A growing body of evidence suggests that this group are at high risk of early ageing, premature frailty and death due to conditions that may have been prevented with better access to timely healthcare.
- 4.5 Several factors influenced the decision to submit a proposal within a short time-frame;

- 4.5.1 On 3rd December 2020, BCC submitted a funding proposal for £40,000 for year 1 (20/21) funding. The proposal for Year 1 included within it an expression of interest to continue with the OOHC project until March 2022.
- 4.5.2 Year 1 resources were used to Invest in the HICM intervention 'Change 4 - Home First', by strengthening acute, community and mental health homeless hospital discharge pathways with the recruitment of housing co-ordinators to navigate individuals into appropriate step-down or longer-term accommodation. These roles are supporting the timely transfer of care into appropriate housing pathways whilst connecting existing commissioned services to support individuals in order to maintain and sustain settled lives.
- 4.5.3 The intention of partners had been to commence a system wide scoping of existing homeless services and pathways against the High Impact Change Model during the funding year 20/21; such that this work would enable the project to identify the HICM interventions to be tested and profiled into the year 2 (21/22) funding submission.
- 4.6 Delays in announcing the year 1 award and subsequent Covid 19 pressures for partners since the lockdown in January 2021, has impacted recruitment timelines as well as the capacity of partner organisations to meaningfully engage in the system scoping work; and consequently, to determine the important detail of the key components to be included within this submission.
- 4.7 The timescales for the year 2 (2021/22) submission were released by DHSC on 5th February 2021 with an accelerated submission date, to that anticipated, of 8th March 2021. This has given partners 4 weeks to undertake the preparatory work to submit the funding proposal.
- 4.8 The DHSC have set a maximum value of £640,000 that authorities can receive over the 15-month duration of the project. The 21/22 bid will be submitted for the maximum amount of £600,000 (£40,000 received in year 1) which will include a contribution of £80,000 towards the continuation of 2 x housing co-ordinator posts.
- 4.9 The DHSC submission template is included in **Appendix 2a and 2b**. At the time of writing this Cabinet report, work to prepare the proposal with the involvement of partners and the LGA is under way. The proposal will be submitted a week before Cabinet meet on 16th March to comply with the DHSC requirements and as a result, retrospective approval of the funding bid is sought through this report.
- 4.10 Details of how the bid value of £600,000 will be profiled against one or more of the 9 change interventions, have not yet been fully developed or agreed with partners. A programme of work is underway to engage system partners and stakeholders, however, much of this development work will take place close to or after the submission deadline. For this reason, the detailed breakdown is not contained within the Cabinet report.

- 4.11 The DHSC have acknowledged the pressure on local authorities and its partners and have indicated that the model proposed for the year 2 submission, may need to iterate over time to achieve the desired outcomes and that they will work with each area to understand what the best process is to manage this approach. This approach offers flexibility and additional time to undertake the detailed engagement and scoping work.

5 Consultation

5.1 External

- 5.1.1 The proposal for year 2 will be developed with input from a wide range of internal and external partners including:

- Local Government Association Care and Health Improvement Programme (CHIP)
- NHS Birmingham and Solihull CCG
- Health Now - Crisis Skylight Birmingham
- University Hospitals Birmingham NHS Trust
- NHS Sandwell and West Birmingham Hospitals Trust
- Birmingham and Solihull Mental Health NHS Trust
- Health Exchange - Homeless primary care team

5.2 Internal

- 5.2.1 This proposal has been developed with direct input from officers in Adult Social Care, Neighbourhoods / Rough Sleeper leads
- 5.2.2 The year 1 proposal involved consultation with the Senior Officers and Cabinet Members on 8th December 2020 who supported submission of the proposal and expression of interest to take part in the OOHHC programme until March 2022.

6 Risk Management

- 6.1 There is an identified risk that if the Birmingham City Council proposal for grant funding is unsuccessful in year 2 (21/22) then the work to test the high impact change model and develop an out-of-hospital care model for rough sleepers across Birmingham will be significantly delayed.
- 6.2 There is minimal risk to the 2 homeless discharge co-ordination posts currently funded from this project, as continuation resources of £80,000 have been agreed during 21/22 as part of the grant agreement for Year 1 (20/21).
- 6.3 A copy of the submission template has been appended to the Cabinet report (**Appendix 2a and 2b**)

- 6.4 The project is time limited to March 2022 and any plans developed after this date to invest within the interventions tested, will necessitate appropriate business case development through the Birmingham Better Care Fund and / or partner organisational governance processes.
- 6.5 Given that this funding is intended to drive an integrated approach to homelessness through the local health and care system it is appropriate to manage the resource through the Better Care Fund governance. This will allow for flexible use of the resource across local authority and NHS functions and provides accountability to partners via the BCF Programme Board and BCF Commissioning Executive. The purpose of the funding aligns with BCF strategic objectives in terms of preventing non-elective hospital admissions and delivering integrated discharge and reablement pathways.
- 6.6 The project will ensure that appropriate exit strategies are in place to mitigate any ongoing liabilities.
- 6.7 Any project risks will be managed through the Birmingham Integrated Care partnership and BCF programme Board.

7 Compliance Issues:

7.1 How are the recommended decisions consistent with the City Council's priorities, plans and strategies?

- 7.1.1 The approval of the proposal and acceptance of grant funding for the delivery of the project will be a significant asset to the delivery of the Council's outcomes, priorities and plan for 2018-22. As well as bringing additional funding into the Council and the city, the Shared Outcomes Out-of-hospital Care Model grant will also have a specific impact on the following outcomes and priorities:
- 7.1.2 Birmingham is a great city to live in: We will work with partners to tackle rough sleeping and homelessness. This is a particularly strong focus for the proposal and will provide the opportunity to make a significant difference to helping rough sleepers maintain and sustain stable accommodation.
- 7.1.3 In addition, this proposal is consistent with the delivery of the Birmingham City Council Homelessness Prevention Strategy 2017+
- 7.1.4 Consistent with BCF objectives to prevent non-elective admissions into acute care, to integrate the delivery of health and social care services and to reduce length of stay in acute care.

7.2 Legal Implications

- 7.2.1 The Homelessness Reduction Act 2017 amends Part 7 of the Housing Act 1996. Section 195 of the Housing Act places new duties on housing authorities to intervene earlier to prevent homelessness and to take reasonable steps to relieve homelessness for all eligible applicants, not

just those who have 'priority need' under the Act. This new legislation provides us with the opportunity to further develop a holistic approach to preventing homelessness that is person-centred and provides our residents with greater autonomy and choice. The Act also provides the opportunity to enhance partnership working and knowledge-sharing to make the best use of all our resources.

- 7.2.2 The Homelessness Reduction Act 2017 means that we must do more to identify homelessness early and work to prevent it. It extends the period an applicant is 'threatened with homelessness' to 56 days. We have a duty to provide all homeless applications with information and advice and to secure suitable accommodation for all homeless applicants, regardless of whether they are 'intentionally homeless' or 'priority need'. We must also carry out an assessment of the applicant and put in place a housing and support plan.

7.3 Financial Implications

- 7.3.1 The submission of this grant funding bid does not commit the Council to expenditure and will have no net impact on the Council's budget.
- 7.3.2 If successful, the grant will be governed through the BCF partnership pooled budget arrangement which will enable transparency of spend against the £640,000 total value of the non-recurrent grant funding.
- 7.3.3 The Council has been allocated £40k in 20/21 to fund a programme officer and 2-housing co-ordinator posts. DHSC have also agreed that any underspend against the 20/21 allocation can be carried forward as well as giving approval of £80k (to be met from the £600k application) for the continuation of the funding for the housing co-ordinator posts in 21/22.
- 7.3.4 Finance officers have worked with the service in the development of this funding bid and there are no financial risks/liabilities to the Council arising from the bid.

7.4 Procurement Implications

- 7.4.1 Any subsequent Procurement activity will be undertaken in accordance with the Council's Procurement Governance Arrangements.
- 7.4.2 The guidance provided by DHSC in order to support the funding proposal application has no expectations or caveats that a procurement exercise be undertaken for the grant.

7.5 Human Resources Implications

- 7.5.1 If successful, the bid would not create any Human Resource implications.
- 7.5.2 Any BCC funded posts recruited to this project will be time limited and necessitate approval from the workforce development panel.

7.6 Public Sector Equality Duty

- 7.6.1 An Equality Impact Assessment has been conducted to support the development of this Cabinet report (**Appendix 3**).

8 Appendices

- 8.1 **Appendix 1:** Transforming Out-of-hospital care for people who are homeless
- 8.2 **Appendix 2a:** DHSC Out-of-hospital Care Model FY 21/22 Funding proposal (bid narrative)
- 8.3 **Appendix 2b:** DHSC Out-of-hospital Care Model FY 21/22 Funding proposal (Financial Template)
- 8.4 **Appendix 3:** Equality Assessment