

# THE PLYMOUTH ALLIANCE

Progress Report for the Health and Adult Social Care Overview and Scrutiny Committee, September 2021



## 1. Background

Plymouth City Council commission a broad range of statutory and non-statutory interventions for people who have support needs in relation to homelessness, substance misuse, mental health, offending and risk of exploitation.

Historically contracts were commissioned in separate silos, often resulting in duplication, inefficiencies and poor outcomes for the person using multiple services.

On the 10th July 2018 Cabinet approved Plymouth's Commissioning Intentions for the next two years. In recognition of the specific challenges faced by people with multiple needs, these intentions included adopting the 'Making Every Adult Matter' (MEAM) vision of ensuring that people experiencing multiple needs are supported by effective coordinated services and empowered to tackle their problems, reach their full potential and contribute to their communities.

Twenty five contracts spanning substance misuse and homelessness were aligned to end on the 31st March 2019 whilst a new single system was co-produced. Over a four year period Plymouth City Council, in conjunction with partners and people who use services, co-designed the new complex needs system as one which would enable people to be supported flexibly, receiving the right care, at the right time, in the right place. The new system would have an integrated offer for people aged 16 or over with a housing or substance misuse related support need but who may also have mental health or offending support needs. In order to achieve this it was agreed that an Integrated Substance Misuse, Homelessness and Offender System utilising an Alliance approach would be commissioned with Mental Health services aligned alongside.

## 2. The Alliance model

An Alliance is in effect a virtual organisation, where partners work collectively to create a collaborative environment without the need for a new organisational form. An Alliance agrees to behave in a certain way to achieve a shared goal and everyone is jointly responsible for implementing the decisions made. By having one alliance contract, all parties are working to the same outcomes and are signed up to the same success measures. It is a relationship based on trust, transparency and collective accountability and the Local Authority is a member of the leadership team, enabling us to have an active role in the development of the Alliance. An Alliance model allows both small and large organisations to work together in an equal way with decisions being made unanimously. This can inevitably mean that there are some decisions which are harder to make, but must ultimately be made through a 'best for user' decision making process.

## 3. The Plymouth Alliance contract

The contract went live on the 1<sup>st</sup> April 2019 and is being delivered by The Plymouth Alliance. The seven members are Bournemouth Churches Housing Association (BCHA), Harbour Centre, Hamoaze House, Shekinah, The Zone, Livewell Southwest and Plymouth Access to Housing (PATH). These providers have a wealth of experience across single homeless and substance misuse sectors locally. The contract runs initially until 2024 with the option to extend for up to a further 5 years.

#### 4. Successes

Despite delivering services under significant pressure the Plymouth Alliance have had a number of successes over the last 12 months including:

- In response to the COVID crisis, 26 bed spaces across two properties were leased with staff from across the Alliance providing 24 hour support. This approach worked well and in the first 6 months supported 70 people in total with 13 people supported to move on to their own private rented accommodation/social housing tenancy, 2 reconnected with family and 22 moving into supported accommodation. Everyone accessing the houses continued to be able to access support. From the 70 accessing those 26 bed spaces with 24 hour support, specifically brought on to meet the initial demand, there was a 50% success rate.
- An additional 54 bed places were also brought on by the Plymouth Alliance to meet the demand and by August 2020, 213 individuals had accessed this accommodation under COVID.
- Following COVID there has been a commitment not to return to historic 'business as usual'; health and homelessness interdependencies have been strengthened with the introduction of a nurse and healthcare assistants to engage and support the most vulnerable, improve access to treatment and medicines across the system at the time they are required, improve engagement with primary care and community detoxification, extend needle and syringe exchange programme into wider areas of the city and increase prescribing capacity to support Rapid Access to Prescribing (RAP).
- Rolling out their workforce development training, implementing their core competency framework across their shared workforce.
- Implementing a multi-agency, multi-disciplinary, integrated approach to Dry Blood Spot Testing and BBV screening, Hep B vaccination and Hep C treatment and Hep C eradication. This has resulted in a more open and universal offer and increased access to treatment.
- The Implementation of COVID safe winter provision – the development of 8 x 8ft x 6ft pods all have a bed, lights and a USB socket, with access controlled by a keypad.
- Rough Sleeping Numbers - our rough sleeper numbers (official figures) have decreased from 19 in 2019 to 16 in 2020.
- There is a dedicated Social worker for people with complex needs embedded within Plymouth City Council's retained function now in place.
- A feasibility study has been commissioned to explore future options for Devonport house, with the intention of remodelling the building to better meet need.
- The existing Access to Accommodation HUB has been replicated in a Young Person's Access to Accommodation HUB to ensure that young people have a dedicated accommodation assessment and allocation pathway.
- They have been piloting a quality assurance framework for non-commissioned accommodation providers in the city to ensure that they meet required standards before referrals will be made.

#### 5. Challenges

- Despite the MTFP having additional COVID funding and the alliance securing more accommodation provision, pressure on the accommodation budget remains high and meeting the demand on homelessness as a result of COVID-19 has resulted in pressure on the B+B budget.
- Affordability and availability of accommodation has been limited, so the Alliance are seeking to increase the number of available units through both purchase and leasing arrangements.

## 6. Performance

Key headlines from Q1 of 2021/22 include:

- 51 sessions of training were delivered to staff as part of the core competency framework including Motivational Interviewing, Drugs, Addiction Treatment and Recovery, Promoting Good Mental Health and tenancy training.
- 333 face to face sessions were delivered to 164 people as part of the new Complex needs health outreach service which includes health checks, wound dressing, dry blood spot testing etc.
- People have reported high mental health and physical health outcomes – 90%+ which has been an improvement on previous quarters.
- There has been considerably less throughput from accommodation based services this quarter, highlighting the challenges around accessing independent accommodation (50% move on).
- Numbers of rough sleepers seen and those in emergency accommodation have increased during Q1.
- In April 2019 there were 76 Rough sleepers evidenced across the month, in April 2020 there were 52 evidenced and in April 2021 there were 37 evidenced. In 2 years, the City has had a decrease of 51% in one given month.
- However, since April we have seen an increase in both the numbers sleeping rough (from 82 in Q4 to 116 in Q1) and those individual/families being placed in emergency accommodation (from 251 in Q4 to 290 in Q1).
- Successful grant funding bids across 21/22 and 22/23 including Universal Drug Treatment Grant (£446k) and Rough Sleepers Initiative funding (£1.3 million).
- In addition we have been awarded funding from Changing Futures (£2.4 million); we were one of only 21 shortlisted authorities to progress to the application stage and only 1 of 15 areas awarded the funding. The Changing Futures Programme seeks to deliver whole system transformation for people experiencing multiple disadvantage including homelessness, substance use, domestic abuse and sexual violence and perpetrator work. Our bid focused on transformation capacity, infrastructure development, lived experience team to embed in practice, whole system workforce development, peer research and prototyping for innovative approaches.

## 7. Case Studies

The following case studies provide further insight into the different elements of service delivery and complexity of the people that the Alliance support through their partnership:

**Case Study 1** - P moved into one of our resettlement properties during the first lockdown. He was rough sleeping for two years previously and had declined all offers. With some joined up work from PARC, we managed to get him into a B&B during 'Everyone in' where he was sleeping on the floor as he couldn't understand the concept of being inside. The Resettlement team picked him up and were very patient whilst we explored and unpicked everything with him. We had no idea or even the correct spelling of his name so we were unable to claim HB. He ended up owing almost £5k and with some work with Adult Social Care, we discovered P was not his actual name! Housing Benefit was claimed and backdated and he was fully assessed and met threshold for care and support. He now has support hours funded through ASC. He is getting the support he needs and successfully moved into Colebrook last week – a case I don't think any of us will forget!

**Case Study 2** – N was rough sleeping for quite some time with his dog prior to moving into Devonport House. As he was under 35 and only entitled to a shared house, his move on options were limited. One of our Alliance Complex Needs Officer's got creative with bidding and in a very timely manner, he was awarded social housing, with a garden whilst we had the Protect Plus funding. After 3 years in Devonport House, N is now settled into his flat, fully furnished from the grant and adjusting to his new home. He is incredibly happy and keeping it immaculate. He has been through the 'system' and come out the other side and is 'chuffed to bits' in his own words.

**Case Study 3** - J was referred to Harbour during the first COVID lockdown. At the time of referral J was engaged in high risks behaviours including injecting substances, poly substance use and being street homeless. J had become homeless following a breakdown in family relationships and having to leave the family home. Just before the lockdown J was provided with housing via the H4H housing. Recognising his substance use issues he was referred to Harbour and, as Harbour workers were covering some shifts in the H4H house at the time assessment and initial screening were carried out at the house. J was able to quickly access a prescribing assessment and was started on a titrating methadone prescription.

Initially J found it hard to stabilise on his methadone prescription and avoid illicit use on top of his prescription. His substance use was long term and stemmed from a number Adverse Childhood Experiences for which he also required support. J had been consuming alcohol since the age of 15 and was continuing to consume approximately 2 litres of White Lightning daily. He also found the lockdown and the limitations of this difficult to deal with. J was able to have regular contact from Harbour both on the telephone and at the H4H houses and staff at the houses also supported him, particularly giving him someone to talk to when he was struggling.

J continues to be in receipt of a substitute prescription and, although he continues to use heroin on an occasional basis his heroin use is much more controlled and he no longer injects. Therefore his risk of overdose is considerably reduced. J continues to consume a bottle of White Lightning each day and is working with his key worker to reduce this. J has been supported by BCHA to access move on accommodation from the H4H house and he is enjoying having more responsibility and some space of his own. As we begin to move out of lock down J plans to access face to face groups and support at Hamoaze and is hoping to undertake a computer course.

## 8. Next Steps

Since its implementation on the 1<sup>st</sup> April 2019 the Plymouth Alliance has invested considerable resource into establishing a new way of working, setting up new structures and beginning significant culture change within their collective workforce. This will not be a short term journey and as such they have created working groups in the following areas to ensure continuous improvement and delivery. The Alliance has recently appointed a new Alliance manager who is starting in late September and will be responsible for driving their transformation forwards.

Priorities for 2021/22 include:

- Supporting the delivery of the Changing Futures Programme, sharing learning from the Plymouth Alliance approach and further integrating systems with Domestic Abuse and Sexual Violence provision and the Criminal Justice System
- Communication – alliance members responsible for delivering the communication strategy, both internally and externally, with a focus this year on how we involve people with lived experience in our service development
- Young people – the Alliance, Children's Social Care and key partners collectively deliver priorities in relation to young people but with a particular focus on remodelling the homelessness pathway for 16/17 year olds and ending the use of bed and breakfast for this cohort

- Accommodation – responsible for delivering the Alliance’s Homelessness prevention and Accommodation Strategy with a focus this year on reducing the pressure on emergency accommodation, reducing rough sleeping and increasing access to settled accommodation Through MHCLG capital funding we are in the process of acquiring 16 1 bed self-contained units delivered by Plymouth Community Homes and the Plymouth Alliance. Delivery plans to provide an additional 30 assured shorthold tenancies are on track for November 2021 with a further 20 being delivered next year
- Substance misuse – responsible for remodelling prescribing and community drug treatment services with a focus this year on having prescribing provision which meets the needs of a complex cohort
- Day Activities – developing our day services offer including Shekinah’s homeless drop in centre and Hamoaze house to best meet need
- Estates – reviewing how we best use our assets in post COVID and to identify a central hub for colocation
- I.T – to implement a shared referral database, MANTA and plan for a future shared case management system
- Fundraising – to create a collective strategy around income generation, developing an annual campaign
- Workforce development – to implement the workforce development strategy and roll out core competency training.