



Report of Julie Staton, Head of Commissioning, Adults and Health

Report to Director of Public Health

Date: 22nd January 2020

Subject: To seek approval from the Director of Public Health to award a grant to Humankind for the Trauma Informed Navigator Model for Improving Access to Health Services project from the Public Health England Rough Sleeping Grant

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

1. Main issues

- In 2019 Public Health England announced a grant funding opportunity, Rough Sleeping Grant: Testing Community Based Models of Access to Health Services. Applications were invited from Local Authority areas to test approaches to addressing the needs of people who are rough sleeping or have been rough sleeping and who experience co-occurring conditions of substance use and mental health issues, supporting them into health and wider services and away from the streets.
- Leeds City Council worked with a range of partners to develop a project to address this need and the application was one of only six projects nationally to be successful. A grant of £251,500 has been awarded by Public Health England.
- The project is to establish and test a Trauma Informed Navigator Model and this report recommends that the grant is provided to Humankind (lead provider of the Forward Leeds drug and alcohol service) to establish and deliver the model as detailed in the application to Public Health England.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- The proposal in this report directly contributes to the Best Council Plan's overarching vision of tackling poverty and reducing inequalities.
- It addresses the Best Council Plan's priorities to minimise homelessness and reduce health inequalities.

3. Resource Implications

- There are no resource implications for Leeds City Council. Funding for the project has been awarded by Public Health England.

Recommendations

The Director of Public Health is recommended to:-

- Approve the allocation of £251,500 as a grant (payable in two instalments) to Humankind for the Trauma Informed Navigator Model for Improving Access to Health Services project for 1 year from 1 February 2020 to 31 January 2021.

1. Purpose of this report

- 1.1 Supporting people who experience rough sleeping, together with drug and alcohol and mental health issues is a priority for the Council. A model for housing related support services is in place with a pathway of support for people who experience rough sleeping. This includes a range of supported housing options through Beacon, support to live independently through Engage alongside key street based services such as St George's Crypt Overnight service, CGL Street Outreach Service and the St Anne's Community Services Resource Centre. In addition a new multi-agency approach via the Leeds Street Support Team has been established to help co-ordinate aspects of this work.
- 1.2 Alongside the housing pathway work Forward Leeds the drug and alcohol service in Leeds has been commissioned to provide support around substance use and works closely with partner agencies supporting people who are rough sleeping. The Forward Leeds service includes a specialist offer for people who experience co-occurring conditions.
- 1.3 An opportunity arose in 2019 to develop and test targeted activity for this very vulnerable client group via a competitive application to the Public Health England Rough Sleeping Grant: Testing Community Based Models of Access to Health Services. Leeds City Council were one of only six projects approved nationally. The purpose of this report is to set out how the grant will be utilised and to seek authority from the Director of Public Health to allocate this grant to Humankind to deliver the project.

2. Background information

- 2.1 A report to Cabinet and CLT in March 2017 provided an overview of the incidence of rough sleeping and begging in the city and the challenges associated with tackling this issue and encouraging the take up of support. Numbers of people rough sleeping has increased substantially nationally and although numbers in Leeds are lower than comparable cities, they have risen. The majority of affected people sleep rough on an irregular and infrequent basis, but there is a smaller cohort of people who sleep rough on a regular basis.

- 2.2 As a response Leeds established the Leeds Street Support Team through funds awarded from the Ministry for Housing Communities and Local Government (MHCLG) Rough Sleeping Initiative to focus efforts on tackling the issue. The team do more targeted outreach work, coordinate case conferencing arrangements and facilitate fast access to key support services.
- 2.3 Many of the people who rough sleep are vulnerable individuals, affected by their life experiences and/ or circumstances. The reasons why people rough sleep and / or beg are often very complex, and can be compounded by a range of mental and physical ill health issues and challenging behaviours, all of which can be real barriers to engaging with services.
- 2.4 Leeds has a number of commissioned services that are specifically targeted towards supporting people who are vulnerable and have complex needs. These include Forward Leeds, Street Outreach, Engage Leeds, Beacon, St George's Crypt, St Anne's Community Services. There is close partnership working with statutory agencies and with other services such as West Yorkshire Finding Independence (WYFI) and York Street Health Practice.

3. Main issues

- 3.1 The Government has set ambitious targets to half rough sleeping numbers from the 2017 baseline by 2022 and to end rough sleeping by 2025. To support this a range of different funding streams has been made available, many of which Leeds has been successful in bidding for. These successful bids have augmented our existing commissioned services to provide increased support to those who are rough sleeping.
- 3.2 A multi-agency Street Support Team (led by Safer Leeds and including staff from CGL Street Outreach Team, Forward Leeds, Beacon, West Yorkshire Police, LASBAT, Leeds Housing Options, City Centre Liaison, Bevan Health Care and Adult Social Care) was established in September 2018 and is the cornerstone of the Leeds approach to tackling and reducing rough sleeping and begging.
- 3.3 In addition to the grant funding made available through MHCLG, in 2019 Public Health England announced a grant funding opportunity, Rough Sleeping Grant: Testing Community Based Models of Access to Health Services. Applications were invited from Local Authority areas to test approaches to addressing the needs of people who are rough sleeping or have been rough sleeping and who experience co-occurring conditions of substance use and mental health issues, supporting them into health and wider services and away from the streets.
- 3.4 Leeds City Council worked with a range of partners to develop a project to address this need and the application was one of only six projects nationally to be successful. A grant of £251,500 has been awarded by Public Health England.
- 3.5 The project is to establish and test a Trauma Informed Navigator Model. This will merge two proven ways of working, a trauma informed approach (clinical support to address adverse trauma) with a navigator model (small caseloads, intensive work directed by the person being supported). The successful bid was to work with Humankind (lead provider of the Forward Leeds drug and alcohol service) to establish and deliver the model as detailed in the application to Public Health England.
- 3.6 The project will focus support on people rough sleeping or who have rough slept and who have a co-occurring mental health and substance use support need. Humankind have a dedicated team as part of Forward Leeds that supports people

with co-occurring conditions and a track record of working with people who experience rough sleeping through MHCLG funded work through the Flexible Homeless Support Grant and the Rough Sleeping Initiative. They are part of the street support team and due to their unique experience were identified as the key agency capable of delivering this project. They were closely involved in designing the model and presenting the bid to Public Health England alongside officers from Leeds City Council.

- 3.7 Three trauma informed navigators will be employed by Humankind and will form part of the specialist co-occurring mental health and substance misuse team within Forward Leeds. They will work on a flexible outreach basis engaging and supporting identified people wherever they may be. Work is ongoing to identify people who would benefit from this specialist service.
- 3.8 In addition to the trauma informed navigators the funding will also enable a training programme to be established, led by Humankind, that will train frontline workers across the sector in a trauma informed approach. This has the potential to leave a lasting legacy of the approach being trialled.
- 3.9 Outcomes anticipated from this additional work will include better engagement with health, mental health and drug and alcohol services; reduction in street based lifestyles; reduction of interactions with criminal justice system; diversion from frequent A&E attendance into more appropriate and planned healthcare; ensuring a focus on gender based delivery and outcomes for women rough sleeping.
- 3.10 As one of only six projects funding nationally under the scheme, Public Health England is very much looking to see and learn from different approaches that are going to be used across the six areas. Learning will be shared and will influence national policy as well as future local delivery. Independent evaluation of the scheme is being undertaken by the Sheffield Hallam University Centre for Regional Economic and Social Research (CRESR).
- 3.11 Funding has been received from Public Health England to cover the period 1 February 2020 through to 31 January 2021 and it is recommended that funding is therefore allocated for this period. Funding allocated to Humankind will be £251,500 p.a.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Consultation around the development of project and submission of the bid to Public Health England took place with officers from Adults and Health, Public Health, current commissioned providers and the Leeds Street Support steering group.
- 4.1.2 The proposal and bid to Public Health England was agreed and signed by Tom Riordan (Chief Executive of Leeds City Council), Ian Cameron (Director of Public Health), Neil Evans (Director of Resources and Housing), Cath Roff (Director of Adults and Health), Dr Sara Munro (Chief Executive Officer of Leeds and York Partnership NHS Trust), Kashif Ahmed (Head of Commissioning Leeds Clinical Commissioning Group Partnership).
- 4.1.3 The Executive Member for Health, Wellbeing and Adults was briefed on 21 January 2020.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The project will be working with some of the most vulnerable people in Leeds who have complex needs including mental health, drug and alcohol problems and homelessness. It will be providing dedicated support to improve their health and support people them away from rough sleeping. There will be a particular awareness and focus around gender as it is recognised that women who rough sleep can have experienced particularly traumatic experiences related to their gender, for example children being taken into care, exploitation and sexual assault.
- 4.2.2 An Equality, Diversity, Cohesion and Integration Screening has been completed in relation to this decision and is attached for information at Appendix 1 and there are no issues to be addressed.

4.3 Council policies and the Best Council Plan

- 4.3.1 This project will contribute to the Best Council Plan’s overarching vision of tackling poverty and reducing inequalities and the specific themes of:
- Health and Wellbeing: Reducing health inequalities and improving the health of the poorest the fastest
 - Housing: Minimising homelessness through a great focus on prevention and promoting independent living
 - Safe, Strong Communities: Keeping people safe from harm, protecting the most vulnerable
- 4.3.2 In addition the project addresses a number of other local strategic priorities

Strategy	Priorities
Vision for Leeds 2011-30	<ul style="list-style-type: none"> • Best city for communities • Best city for health and wellbeing
Housing Strategy 2016-21	<ul style="list-style-type: none"> • Improving health through housing • Promoting independent living
Homelessness and Rough Sleeping Strategy 2019-2022	<ul style="list-style-type: none"> • Minimise rough sleeping • A focus on priority groups
Leeds Health and Care Plan	<ul style="list-style-type: none"> • Protecting vulnerable people and reducing health inequalities
Leeds Inclusive Growth Strategy 2017-23	<ul style="list-style-type: none"> • Supporting people to live healthy and active lives, through good housing, social values, green and transport infrastructure, regenerating neighbourhoods, low carbon initiatives and involvement in sport.

Climate Emergency

- 4.3.3 This report relates to a pilot project to support people who are rough sleeping and who experience mental and / or drug and alcohol issues. Much of the work will take place on the street and as such workers will primarily be on foot. This helps to reduce carbon emissions and environmental pollution which contributes to city actions to better manage air quality. The type of interventions provided are aimed at improving health and well-being in particular the prevention of hospital admissions which helps ensure we better manage our use of resource intensive (and high footprint) health and care services.

4.3.4 The project will be delivered by the Forward Leeds drug and alcohol service which is under contract to the Council. The service specification requires that Forward Leeds undertakes the services to meet all legislation, guidance and good industry practice in environmental management and the objectives of the Council's sustainability policies. Officers from Adults and Health work with Forward Leeds through the established contract management process and Quality Management Framework to ensure the service is proactively seeking to minimise its carbon footprint and thereby support the Council in achieving its ambition to be carbon neutral by 2030.

4.4 Resources, procurement and value for money

4.4.1 The cost of the project will be met by a grant from the Public Health England Rough Sleeping Grant. This grant has been injected into the Public Health Budget.

4.4.2 The funding is for three posts including management costs and on costs, together with a training fund and a personalisation fund. Salaries will be in line with other similar posts. The grant of £251,500 will be paid in two instalments.

4.4.3 Performance monitoring processes will be put in place by the Adults and Health Commissioning Team through a grant agreement to ensure value for money and quality of delivery for the duration of the project. In addition external evaluation of the project has been commissioned by Public Health England and will be undertaken by The Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University Centre.

4.5 Legal implications, access to information, and call-in

4.5.1 As the overall value of this decision does not exceed £500,000 this is a Significant Operational Decision and is not subject to call in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

4.5.2 As the Council would be entering into a grant arrangement with Humankind who wish to provide the "Trauma Informed Navigator Model for Improving Access to Health Services project" the Council will have no contractual control over enforcement of the terms. The only sanction available with grant payments is for the Council to claw-back grant monies unspent.

4.5.3 There is a risk of challenge that a grant payment is not a grant. Legally there is some confusion about when a grant can and cannot be used as there is a fine line between a grant (which is not caught by the procurement rules) and a contract for services (which is caught by the procurement rules). The preamble to EU Procurement Directive 2014/24/EU makes it clear at paragraph (4) that "the mere financing, in particular through grants, of an activity, which is frequently linked to the obligation to reimburse the amounts received where they are not used for the purposes intended, does not usually fall within the scope of the public procurement rules".

4.5.4 As such, unconditional grants are unlikely to meet the definition of a contract set out in the Public Contracts Regulations 2015 (PCR 2015). However, where grants are used with strict qualification criteria and an obligation to pay back money if certain targets are not reached, the position is less straightforward and it is possible that an arrangement referred to as a grant could actually meet the definition of a contract set out in the PCR 2015 and, if it does, the PCR 2015 may apply. It is therefore extremely important to ensure that, if providing grants, the process followed does

not fall within the definition of a “public contract” as set out in PCR 2015 which states –“contracts for pecuniary interest concluded in writing between one or more economic operators and one or more contracting authorities and having as their object the execution of works, the supply of products or the provision of services”

4.5.5 Grants may be in breach of state aid but it is unlikely that the grant payments proposed will fall foul of the state aid rules.

4.5.6 Funding from which any grant payment is made must be designated as “grant” money. If the Council wish to make a grant, the money must be in the Public Health “grant” block. If it is not, it can normally be moved from other blocks in the Council budget into the grant block.

4.6 Risk management

4.6.1 The grant will be paid to Humankind to deliver the project. As a result should Humankind fail to deliver the project then there is a risk that Leeds City Council could have to repay the grant to Public Health England. This will be mitigated by payment in instalments, through robust monitoring of the project by Adults and Health Commissioning Team, through ongoing independent evaluation by Sheffield Hallam University and regular updates and communication with Public Health England. In addition Humankind have an excellent track record with Forward Leeds recently receiving a good CQC rating with outstanding for well led.

4.6.2 Risk management is built into the work of Humankind who have the experience and skills to manage risks of working with this vulnerable client group including managing lone working and aggressive and volatile behaviour.

5. Conclusions

5.1 Leeds has a wide range of support and pathways for people with complex co-occurring substance use and mental health issues who experience rough sleeping. However due to people’s complexities and trauma some people do not engage with offers of assistance. Additional resource for a new approach to support this vulnerable client group will provide a unique opportunity to try a different trauma informed approach and influence future delivery of front line work within Leeds.

5.2 Leeds City Council has been successful in being granted funding from the Public Health England Rough Sleeping Grant for one year to establish and test a Trauma Informed Navigator approach.

6. Recommendations

The Director of Public Health is recommended to:-

- Approve the allocation of £251,500 as a grant (payable in two instalments) to Humankind for the Trauma Informed Navigator Model for Improving Access to Health Services project for 1 year from 1 February 2020 to 31 January 2021.

7. Background documents¹

7.1 Equality, Diversity, Cohesion and Integration Screening tool (please see attached).

¹ The background documents listed in this section are available to download from the council’s website, unless they contain confidential or exempt information. The list of background documents does not include published works.