

**EAST RIDING OF YORKSHIRE COUNCIL**

Report to: Health and Wellbeing Board
23 January 2024

Wards: All

Reflections from 17 October 'Deep Dive' Session on Supported Housing

Joint Report of the Interim Executive Director of Adult Social Care and the Executive Director of Communities and Environment

A. Executive Summary

The Health and Wellbeing Board hosted its third thematic 'Deep Dive' workshop in October. This session was focused on supported housing and this report outlines the session's key findings for consideration by the Board.

B. Council Priorities**Empowering and Supporting Communities**

Protecting the Vulnerable

Helping Children and Young People Achieve

C. Lead Portfolio

Adults, Health and Care

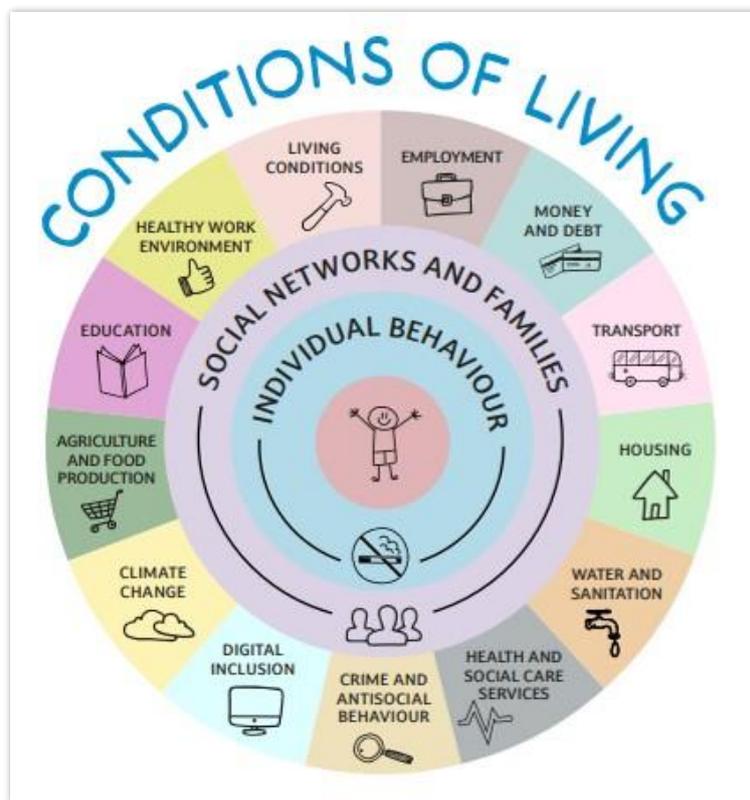
D. Recommendations

It is recommended that the Board:

- (a) Note the findings from the deep dive, and
- (b) Consider the proposed next steps and actions for partners outlined in section 4 of the report.

1. The Purpose of the 'Deep Dive' Workshops

- 1.1 At its meeting on 21 September 2023, the Board approved the Joint Health and Wellbeing Strategy 2023 - 2028 (minute 34/23 refers). One core element of the strategy is to take a step back and think about the root causes of an individual's health and wellbeing and the wider conditions in which residents live. There are various factors at play in that context which the diagram below maps out:



1.2 To complement the strategy’s delivery, the Board agreed to host ‘Deep Dive’ sessions, each related to a theme from the Conditions of Living wheel. Each session would be hosted and shaped by subject matter experts. In bringing together a variety of partners, these sessions aim to help the Board:

- Understand work being undertaken across the system, learning from successes and challenges
- Develop a more holistic understanding of the issues facing residents
- Guide successful initiatives to improve the conditions of living
- Develop stronger working partnerships with networks across the system

1.3 Following each session key themes, opportunities, and challenges are fed back to the Board.

2 Deep Dive 3 – Supported Housing

2.1 Housing affects residents’ health and wellbeing in many ways: its suitability, location, condition, affordability, etc. To help identify a manageable topic, the JSNA working group were asked a number of questions about their approach to housing in delivering their respective services. Three partners provided answers to this engagement piece, and their answers can be found in **Appendix 1**.

2.2 After broader discussion with key partners and subject matter experts and given the recently published Supported Housing (Regulatory Oversight) Act 2023 (see 2.3), Supported Housing was chosen as a focus. This is an area in which the Board can have an influence in shaping within the context of the health and social care system and where strong partnership efforts could affect change.

2.3 The Supported Housing (Regulatory Oversight) Act 2023 became law on 29 August 2023. The way the Act will be implemented is still subject to consultation, however the act aims to:

- Introduce national supported housing standards, which will provide minimum standards for both the property and the care or support provided in supported accommodation.
- Require local authorities to create local supported accommodation licensing schemes.
- Introduce a strategic planning duty for local authorities, which will include collecting data on the supply of homes, a forecast of future need, and a delivery plan.
- Create a national expert advisory panel to monitor the sector, which will report to the Secretary of State.

2.4 The government definition of supported housing is “*accommodation provided alongside support, supervision, or care to help people live as independently as possible in the community*”.¹

2.5 Accommodation and support may be provided by a variety of partners. Support can range from 24/7 assistance to ‘floating’ support as and when needed by the resident. Support could also entail physical, financial, mental health, and addiction services, tailored to a diverse range of needs.

2.6 Therefore, the supported housing offer varies depending on need. Supported housing also engages multiple partners, including those who may not own or manage physical assets, but instead provide or compliment support packages or who support people in other ways which might be impacted by housing, particularly when needs change.

2.7 To consider the complexity and variety involved in supported housing, the session in October centred around several case studies, one for each table. The case studies all presented different needs, different demographics and experiences of supported housing. Details within each case study were anonymised to protect identities.

2.8 The session was split into two activities, both of which were focused on the case study considered by attendees:

2.9 The first activity asked each table to understand the ‘here and now’ of the case study and share their immediate reflections, take time to understand why this situation happened the way it did, think about how this housing scenario affected the individual, and share any questions with the table.

2.10 The second activity focused on how this case study would have looked in a perfect world, thinking about how partners could have worked better together, or how services could be redesigned to meet the needs of the case study. Attendees were asked to consider practical changes that could have made a difference.

2.8 Alongside members of the Board, partners from across the East Riding involved in this area of work were invited to the session. A list of attendees (roles and organisations) can be found in **Appendix 2**.

3 Main Themes and Observations

3.1 It was widely agreed that suitable and safe housing is a fundamental factor for good health and wellbeing for all residents. In discussing the case studies, attendees repeatedly agreed that a ‘housing first’ approach was most appropriate, whereby a

¹ <https://www.gov.uk/government/publications/supported-housing-national-statement-of-expectations/supported-housing-national-statement-of-expectations>

stable housing solution should be the priority, providing the foundation to access other support and to actively participate in their local community, access employment, education, etc.

- 3.2 During the session, participants expressed concern that, as demonstrated by the case studies, current approaches can focus on addressing issues in isolation at service level, rather than adopting a system-wide approach. They advocated for a shift towards a holistic, person-centred model that considers and addresses mental, social, physical and emotional wellbeing into housing solutions. Many emphasised that sustainable outcomes and long-term recovery could only be achieved by addressing these broader needs together.
- 3.3 From this, a number of participants discussed the increase in the complexity of cases, where those in need of support present multiple related needs, rather than one issue in isolation. This position was highlighted at the beginning of the session and colleagues from housing also shared the below figures illustrating the rise in multiple support needs from households who are owed a homelessness duty²:

	Households owed a homelessness duty	Households with support needs	1 x support need	2x support need	3+ support need
2021-22	696	465	254	138	73
2023-24	1087	790	314	243	233
Percentage increase/decrease	+ 56.2%	+ 69.9%	+ 23.6%	+ 76.1%	+ 219.2%

The table above demonstrates a sharp increase in 2023 – 2024 of those presenting with three or more support needs when compared with 2021 – 2021. For a number of participants, this again demonstrated the need to provide holistic, wrap around support, rather than addressing issues in isolation.

- 3.4 Through the case studies, attendees noted how difficult it can be to navigate the range of housing and support, particularly for those with complex needs and more chaotic lives. Current housing and support offers, for many attendees, seemed too rigid, prioritising service need ahead of people accessing it. The inflexibility of appointment times and formats (in person or virtual) was one particular discussion point.
- 3.5 The value of Voluntary, Community, and Social Enterprise (VCSE) organisations were frequently highlighted. Participants stressed the importance of leveraging community assets and integrating VCSE groups into strategic planning and service delivery to provide more diverse and seamless support options. Competitive commissioning was flagged, with participants suggesting a more collaborative model of commissioning to foster trust and enable VCSE organisations to contribute effectively.

² Sourced from Locata.

- 3.6 Social isolation and the lack of connectivity (both physical and digital) were recurring concerns. Participants argued for housing solutions which were mindful of social networks and connections to community and other services.
- 3.7 Participants consistently noted that implementation of early, low-level support can prevent the escalation of needs and create savings in the long-term. Providing a continuum of care from low to high support (and vice versa) was seen as key to promoting independence and maintaining stability in the long term. Suggestions included better forecasting of individuals'/households' needs to anticipate changes and provide appropriate support without overwhelming them with information or leaving them unsupported during transitional phases. It was noted that low level support didn't necessarily have to come from statutory agencies or formal healthcare providers, but could come from the VCSE sector where appropriate, and be 'scaled up' when needed.
- 3.8 There was a strong focus on building workforce capacity, particularly in trauma-informed care, making every contact count and systems thinking. Participants underscored the importance of early intervention as a foundation, highlighting that addressing trauma at the earliest opportunity—whether by identifying adverse experiences or providing timely support—can significantly reduce the long-term complexity of needs. Supporting individuals with complex needs also required workers who were both skilled and given sufficient time to build trust and rapport. Concerns were raised about high staff turnover which could disrupt relationships with service users and contribute to a lack of trust in the system. Investing in consistent, culturally sensitive staff was suggested to improve engagement and stability.
- 3.9 Attendees also discussed the increase in the complexity of cases, where those in need of support presented multiple related needs, rather than one issue in isolation. The table paragraph at 3.3 (above) demonstrates the sharp increase in 2023 – 2024 of those presenting three or more support needs when compared with 2021 – 2021.
- 3.10 The issue of physical housing stock was also discussed. Current housing stock available in the East Riding is as set out below:³

Affordable Housing Provision in East Riding	General Needs	Supported (inc. older persons)	Total
ERYC	10,579	583	11,162
Other housing providers	2,784	964	3,748
Total	13,363	1547	14,910

- 3.11 As of 17 October 2024, 2,914 people on the housing list were identified as having some form of support need. A number of participants commented on the potential of this data identifying a cohort of individuals with different support needs. While not all would require 24/7 care, participants noted that this information could be used proactively to prevent issues from escalating, leading to better outcomes for these residents, and more efficient use of resources
- 3.12 Aligning with the above, Adult Social Care shared an emerging project being undertaken with Housing colleagues. This work involved cross-referencing adult social care data with the housing waiting list to better understand the needs of

³ Accurate as of 29th November 2024, sourced from the What & Where report.

people who have identified as needing support. This would help forecast demand in specific areas and identify suitable supported housing to meet those needs. This work was currently focused on residents with learning disabilities and may be expanded to include other service user groups. Some attendees suggested involving the Children, Families and Schools service if this work developed to build a more complete picture of demand for supported housing and related support across the East Riding.

4 Proposed Actions

- 4.1 The workshop highlighted several areas which participants felt needed to be changed and improved, covering both operational practices and strategic decisions (see 3.1 – 3.12). Attendees requested these areas to be reviewed to understand how individual organisations and service areas on the Board can influence supported housing and housing-related support, as well as how the Board can act collectively.
- 4.2 One key area identified from the themes above is the desire to take a stronger strategic approach to increasing the supply of supported housing in the East Riding. To attract the right type of providers, this strategic approach would have to ensure alignment with predicted trends in demand and consider the specific types of supported housing needed in different areas.
- 4.3 Individual attendees and partners made connections with others and were keen to take action based on the case studies and the resulting discussions. This included learning more about each service's offer and exploring how they can work together more effectively.
- 4.4 As a result, all attendees and partners are asked to consider the following actions:
 - Follow up on the connections made during the 'Deep Dive' and continue to build collaborative relationships at different service levels
 - Contribute relevant insights and data to the Joint Strategic Needs Assessment, to ensure a comprehensive understanding of local needs
 - Expand the cross-referencing of data between Adult Social Care, Housing, and potentially Children's services to create a fuller picture of supported housing provision demand within the East Riding
 - Review how partner services can maximise every contact by considering the role of housing in addressing other conditions of living for residents
- 4.5 Members of the Board and partners are also invited to consider other actions which they would find useful, which would potentially help meet the needs identified in this report, and which would promote greater collaboration where appropriate.

5 Conclusion

- 5.1 On 17 October, the Board hosted a 'Deep Dive' workshop on supported housing. The session examined five case studies regarding a resident in need of supported housing. Attendees firstly considered how supported housing currently works in the East Riding from the perspective of the case study and from this, discussed how a supported housing offer should look in a 'perfect world'.

5.2 This report outlines the main issues that were discussed at the 'Deep Dive' and invites members of the Health and Wellbeing Board to share their top needs and opportunities regarding this work, share how this workshop altered their thinking and to consider how other partners involved could help meet those needs and maximise opportunities.

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Background Papers Joint Health and Wellbeing Strategy 2023 - 2028

Supported Housing: National Statement of Expectations,
20 October 2020

Supported Housing (Regulatory Oversight) Act 2023

Assessments/Considerations

	Yes/No/NA
Appropriate Consultation (Section 3 Report Writers Guide)	Yes
Equality Analysis Screening Tool	N/A
Data Protection Impact Assessment (Stage 1)	N/A
Health in All Policies Assessment	N/A
Environmental Sustainability Appraisal (Climate Change)	N/A
Armed Forces Covenant	N/A
Risk Register	N/A
Value for Money	N/A

Appendix 1 –JSNA Housing Questions and Partner Responses

Humber Teaching NHS Foundation Trust - Strategy and Partnerships Team

1. Do your teams receive any training on the link between health and housing and routes to access support with housing related situations?
 - Training is ad hoc and depends on the team
 - Hull 0 – 19s team invited housing colleagues from Hull Council to present at some team meetings which was useful
 - The Trust is exploring ways to upskill teams about housing support
2. Do your assessments prompt questions about someone's housing and if it will meet their current and future needs?
 - Varies by service; housing questions typically included in risk assessments and formulations which are currently under review.
 - Housing considered during discharge planning for mental health, learning disabilities, and community services
 - However, as this varies by service, information is not consistently captured and therefore not easily reportable
3. How does your organisation or service identify if patients or service users have housing issues that are intrinsic to their health circumstances?
 - See above
4. Do you record when a patient's health or wellbeing is being affected by their housing situation?
 - See above
5. Do you have identified referral systems for patients to receive housing advice or contact a patient's landlord?
 - Teams frequent housing interactions have better knowledge of support routes.
 - Knowledge and approaches vary across the trust.
 - Teams perceive themselves as advocates rather than integrated with housing advice services via formal referral systems.
 - However, some teams may welcome a multi-disciplinary route
6. What data do you record and collate which provides a housing marker?
 - Housing data is captured in the Electronic Patient Record system (Lorenzo, transitioning to SystemOne).
 - Demographic data form includes housing markers but has inconsistent completion rates.
 - Data processes will be reviewed with our new system.

Children's, Families and Schools Service Area - Specialist Services

1. Do your teams receive any training on the link between health and housing and routes to access support with housing-related situations?
 - Staff supporting care leavers are suitably qualified to help young people (YPs) transition to independent living.
 - Refugee Council provides training for working with Unaccompanied Asylum-Seeking Children (UASC) with varied cultural needs.
 - Pathway 16+ supported living service is Ofsted-regulated under the Supported Accommodation Regulations 2023, requiring qualified staff and management. Additional training needs are identified during supervision.
 - Supported lodgings hosts receive mandatory first aid and safeguarding training and can access the ERSCP training catalogue.
 - Pathway 16+ team and hosts are supported by the National Supported Lodgings Network, offering additional training and webinars.

2. Do your assessments prompt questions about someone's housing and if it will meet their current and future needs?
 - Robust initial assessments match YPs to accommodations based on needs, informing overall pathway plans.
 - Matching considers individual needs, autonomy, safety, and empowerment while fostering growth.
 - Complex needs may lead to external placements.
 - Cultural heritage and equality considerations are integral, adhering to the Equality Act 2010.
 - Assessments inform care plans with goals for independence, regularly reviewed with input from all partners and the YP.

3. How does your organisation or service identify if patients or service users have housing issues that are intrinsic to their health circumstances?
 - Supported lodgings/accommodation settings ensure safety, harm protection, and needs-based support through assessments.
 - Adaptations to settings accommodate disabled or health-affected YPs, with training for hosts when necessary.
 - If support requirements exceed what supported accommodation can provide, external placements are considered following reassessment.
 - Discussions about needs involve YPs, hosts, services, and partners, encouraging YP participation in shaping support packages.
 - YPs with additional needs are referred to the Futures Plus team from age 14, with ongoing reviews throughout their journey.

4. Do you record when a patient's health or wellbeing is being affected by their housing situation?
 - Regular reviews include property inspections, location risk assessments, host supervision, and pathway plan evaluations.
 - Issues affecting YPs' wellbeing or placement stability are recorded on case notes (Azeus) and shared with partners for solutions.
 - Referrals may be made to CAMHS or the Emotional & Wellbeing Team.

- The Pathway Team includes a part-time Emotional Wellbeing and Behaviour Support (EWBS) worker for advice and interventions.
5. Do you have identified referral systems for patients to receive housing advice or contact a patient's landlord?
 - Pathways 16+ supported living service acts as a landlord for trainer flats and supported lodgings, offering an independent living skills programme.
 - Staff, hosts, social workers, PAs, and accommodation officers provide housing-related support as outlined in the service's Written Statement of Purpose (Ofsted compliant).
 - Specific housing referrals for UASC support access to cultural/community groups.
 6. What data do you record and collate which provides a housing marker?
 - Care leavers have protected status in ERYC, granting priority banding for local authority housing applications.
 - 16–17-year-olds are supported under section 17 or 20 of the Children's Act 1989, with accommodation status recorded and reviewed on Azeus.
 - Ongoing work through the housing subgroup aims to align housing markers across services for optimal outcomes for care leavers.

Integrated Care Board - Learning Disabilities and Autism Programme

1. Do your teams receive any training on the link between health and housing and routes to access support with housing related situations?
 - No
2. Do your assessments prompt questions about someone's housing and if it will meet their current and future needs?
 - Yes
3. How does your organisation or service identify if patients or service users have housing issues that are intrinsic to their health circumstances?
 - Through the Children's, Young People's, and Adults Dynamic Support Register, NHS England system for hospital/secure hospital stays, Clinical Treatment Reviews, and commissioning oversight visits.
 -
4. Do you record when a patient's health or wellbeing is being affected by their housing situation?
 - Yes
5. Do you have identified referral systems for patients to receive housing advice or contact a patient's landlord?
 - No, but there is a desire for one, including a link to the housing benefit team.
6. What data do you record and collate which provides a housing marker?
 - Dynamic Support register, NHS England system and place information on case-by-case basis

Appendix 2 – List of Attendees

East Riding of Yorkshire Council

- Chair of the Health and Wellbeing Board
- Deputy Leader
- Portfolio Holder for Children, Families & Education
- Portfolio Holder for Heritage and Coastal
- Portfolio Holder Communities and Public Protection
- Interim Chief Executive
- Interim Executive Director of Adult Social Care and Health
- Director of Housing, Transportation and Public Protection
- Deputy Director of Public Health
- Head of Service for Accommodation and Housing Related Support
- Coproduction Lead (Adult Social Care and Health)
- Principal Housing Policy and Development Officer
- Principal Asset Officer (HRA)
- Senior Housing Strategy Officer
- Registered Manager - Supported Housing
- Lead Occupational Therapist
- Public Health Specialist, Public Health Senior Officers (Addictions & Inclusion Health), Public Health Officer (Healthcare and Systems) and Public Health Senior Officer (Evaluation and Systems)

Healthwatch

- Delivery Manager

HEY Smile

- Chief Executive Officer
- Head of Operations
- Project Coordinator

Humber and North Yorkshire Integrated Care Board

- Assistant Director of Strategy and Population Health
- Senior Lead Commissioning Lead Manager Neurodiversity
- Senior Mental Health Commissioning Manager

NHS Humber Health Partnership (Hull University Teaching Hospitals NHS Trust and North Lincolnshire and Goole NHS Foundation Trust)

- Group Director of Strategy and Partnerships

The Hinge

- Chief Executive

Beverley Housing Charity

- Chief Executive Officer

Humber Teaching NHS Foundation Trust

- Senior Partnerships and Strategy Manager
- Mental Health Social Worker, Homeless Mental Health Team

HEY Mind

- Director of Operations