



Children, Education and Housing Overview and Scrutiny Committee

Minutes of a meeting of the Children, Education and Housing Overview and Scrutiny Committee held at Maybin Room, One Angel Square, Angel Street, Northampton NN1 1ED on Wednesday 3 April 2024 at 6.00 pm.

Present:

Councillor Andrew Grant (Chair)
Councillor Harry Barrett
Councillor Imran Ahmed Chowdhury BEM
Councillor Louisa Fowler
Councillor Azizur Rahman
Councillor Zoe Smith
Councillor Mike Warren

Substitute Members:

Councillor Jonathan Harris
Councillor Nigel Hinch

Also Present:

Councillor Matt Golby
Councillor Brian Sargeant

Apologies for Absence:

Councillor Sally Beardsworth
Councillor Nick Sturges-Alex

Officers:

Jo Barrett, Head of Housing Policy and Partnerships
Sarah Credland, Strategic Housing Officer
Sally Burns, Director of Public Health
Racha Fayad, Public Health Principal
Tara Scarth, Single Homelessness Pathway Manager
James Edmunds, Democratic Services Assistant Manager
Kathryn Holton, Committee Officer

1. Apologies for Absence and Notification of Substitute Members

Apologies for absence were received from Cllr Beardsworth (substituted by Cllr Harris) and Cllr Sturges-Alex (substituted by Cllr Hinch). Apologies were also received from Cllr Brown, Cabinet Member for Housing, Culture and Leisure.

2. Declarations of Interest

Councillor Aziz declared a pecuniary interest in Item 5 (Homelessness and Rough Sleeping Strategy). He left the room for the duration of this item and did not take part in the discussion.

3. **Minutes**

The minutes of the meeting held on 5 February 2024 were agreed as an accurate record.

4. **Chair's Announcements**

The Committee had requested that a report on action being taken to address the issues raised by the scrutiny review of child and adolescent mental health and the risk of self-harm be brought to this meeting. Unfortunately that had not been possible due to officer unavailability but the team would be happy to attend the next meeting.

Rebecca Wilshire, Interim Director of Children's Services had announced her resignation. The Committee recorded their thanks to her for the support given and wished her well in her future endeavours.

5. **Homelessness and Rough Sleeping Strategy**

The Head of Housing Policy and Partnerships and the Strategic Housing Officer presented the report which summarised the draft delivery plan which would be going to the Cabinet in May 2024. The 3-year strategy was being delivered with 4 main themes which would be reviewed annually:

Theme 1 - Partnerships to make homelessness everyone's business

This would require strengthening collaborative working, for example by having a multi-agency approach to homelessness where other teams could signpost to housing, working with Local Area Partnerships (LAPs) to identify those finding it hard to access services, learning networks and the Supported Housing Provider Forum.

Embedding a person-centred approach was important, for example providing domestic abuse training to all housing staff, avoiding the need for people to repeat their information to all agencies and ensuring those with lived experience of homelessness could influence service design and delivery.

Theme 2 - Early identification, joined-up intervention and prevention of homelessness

Early intervention services would be increased, for example by going into the community and schools to talk about homelessness and housing. A consultation to restructure homelessness prevention services would be undertaken. In early 2025 a health check would be undertaken and findings could be reported back.

The aim was to ensure that the new WN housing allocations scheme was effective in preventing homelessness. Instances of people facing repeat homelessness needed to be reduced. Those facing domestic abuse would receive support to remain in settled safe accommodation and helped to build their confidence. There would be targeted support for those with complex needs.

Theme 3 – Increase provision and access to suitable and sustainable settled housing solutions

The supply of new affordable housing needed to be increased. The single homeless accommodation program provided funding to purchase a building for those with high complex needs. Relationships were being built with Homes England and DLUHC. Statutory powers would be utilised to tackle substandard private rented properties.

Theme 4 - Ensure that where rough sleeping occurs, it is rare, brief and non-recurring

A training programme for staff to improve understanding of rough sleeping would be provided, as well as working with hospitals, prisons and children's services on discharge. Data collection needed to be recorded consistently so that organisations could work together. A joined-up pathway was being co-produced to support those with complex needs and help people to settle into homes where they could thrive. Women's experience of homelessness was different from that of men, so targeted support was needed. Access to rapid off-the-street homelessness support needed to be improved.

Councillors made the following comments:

- It was good to see that many questions had been answered in the action plan – such as women in rough sleeping and listening to those with lived experience of homelessness.
- How alert were WNC to the risks faced by minority groups (such as LGBTQ+ people) seeking housing?
- Was there still a social lettings agency?
- A resident had been asked to reapply for the housing allocation scheme. Could previous medical certificates be rolled-over to avoid having to pay for them to be reissued?
- The strategy was excellent – prevention of homelessness and rough sleeping was key.

Officers responded as follows:

- There was no longer a social lettings agency but there was a landlord incentive scheme and a private sector leasing scheme.
- The issues of LGBTQ+ people had not been specifically raised in the review work. Work would be done with the community safety scheme to better engage with minority groups and to improve delivery by getting feedback.
- The legacy housing allocation schemes had now been paused to allow the introduction of a new single scheme. It should be possible to use medical documents previously submitted if they related to a current medical issue – this could be taken back to the board.

RESOLVED: that the Committee supported the work that had been done on the development of the Homelessness and Rough Sleeping Strategy delivery plan and looked forward to receiving further updates after consideration by Cabinet.

6. Severe Weather Emergency Protocol

The Single Homelessness Pathway Manager presented the report updating members on the recent operation of the Severe Weather Emergency Protocol (SWEP). SWEP had been triggered twice and the winter shelter had opened on 8 January 2024. The

number of rough sleepers in rural areas had crept up. People didn't necessarily stay for the whole time even though accommodation was available. There had been good collaboration with partners. Following the operation of SWEP, 24 people had transitioned into the HOPE night shelter; four people had been housed; one had reconnected with their original area; and 23 people remained in the prior homeless situation.

Councillors made the following comments:

- Why were people happy to be accommodated during SWEP when they were normally resistant to accepting help?
- How was SWEP advertised?
- Did SWEP make separate arrangements for women?
- What temperature would trigger SWEP? Was rain a factor?
- Had SWEP worked as intended? What improvements were planned for next year?
- How were the SWEP protocols decided?
- Could the public report rough sleepers?
- It was good that there was a culture of accountability.
- A member was keen to get involved in an outreach evening to see the work in action.
- Including rain as a factor in triggering SWEP should be considered.
- The effects of changing climate on rough sleeping needed to be considered.

The Single Homelessness Pathway Manager responded as follows:

- People were happy to be accommodated during SWEP because there was no cost to them and no restrictions so addictions were not affected. The staff were also known to many of them.
- SWEP was advertised by email to 300 statutory and voluntary services and on the WNC website. An outreach team went out to look for people who were rough sleeping.
- Work was being done with the police and sexual health services in relation to women. Sofa surfing was more common for women and more focussed work needed to be done. Women who were part of a shared community went into shared accommodation (with separate male/female areas). Others would be provided with temporary accommodation.
- SWEP was triggered when the temperature was expected to be zero degrees or lower for 3 consecutive nights or more, but a common-sense approach was taken. Wind speed was considered, but not rain as most people slept under cover.
- The operation of SWEP and the winter shelter would be reviewed. A peer review was planned. There was a need for off-the-street accommodation on any given night. This gave the opportunity for connecting with people, building trust and moving on. The winter shelter this year had been in a church and there was no breakout area. The night shelter was good but bed spaces for people with no recourse to public funds was needed.
- All relevant partners had input to the SWEP strategy. There was a year-round offer for people – they did not have to wait for SWEP. For example flooding in Billing every year resulted in people being taken into temporary accommodation. However, not everyone wanted accommodation because of issues such as addiction or trauma. 17 people had abandoned beds in the

winter shelter. SWEP could also be called for severe summer weather where shade and water provision were needed.

- Those working in Daventry and South Northants would book accommodation for individuals needing it in their area. A person with more complex needs would be taken to Northampton. There was hidden homelessness, for example, people sleeping in cars. Restructuring within the housing team would result in a rough sleeper team for West Northants.
- Rough sleeping could be reported via the Street Link website and West Northants also had an outreach team.

RESOLVED: that the Committee recommended that the effects of changing climate, including increased rain, on the trigger for SWEP be considered as part of the ongoing development of the SWEP function.

7. **0-19 Health Visiting and School Nursing Service**

The Director of Public Health advised that the Public Health Principal was leading on this work and would present the report. The 0-19 Healthy Child Programme (HCP) service was currently provided with North Northamptonshire Council but was being disaggregated and recommissioned. The new service would be operational from 1 April 2025. Work was being done with stakeholders on the options and feedback from the Committee was sought. Various models were being considered and this was an exciting opportunity for WNC.

The Public Health Principal presented the report and outlined the 3 options as follows.

Option 1 - re-procurement and commissioning of a revised 0-19 HCP service with a new specification reflecting health needs assessment recommendations and consultation feedback from WNC families. Competition could drive up performance but there would be a reduction in the provision of 0-19 services during the process as NHFT resources would be diverted to procurement.

Option 2 – in-house provision of 0-19 HCP service delivered by WNC, either as full in-house provision delivered by WNC (Option 2.1) or with clinical staff and WNC staff working together in a team (Option 2.2). Option 2.2 would require an agreement between the clinical host organisation and WNC to cover ways of working. NHS contracts would be retained which was important for staff. The disadvantages would be the uncertainty associated with a new approach.

Option 3 – hybrid approach whereby the single contract would be broken up, the service reviewed and options considered to commission or bring in-house some elements of the 0-19 HCP service.

There were complicated factors to consider, including a shortage of staff nationally. It was important that discussions were undertaken sensitively.

The Cabinet Member for Adult Care, Wellbeing and Health Integration thanked the Public Health Principal and the team for their work on this area. Some areas were

working well and there were some areas of challenge where better outcomes could be driven. There would be no extra money available for this project but it formed a significant part of the Public Health budget and it was important to use these resources as effectively as possible.

Councillors made the following comments:

- This was a great opportunity but was too much pressure being put on Children's Services? Were they in a position to deliver what would be required to support option 2?
- Staffing was a concern and staff were worried about their jobs. Were there staff available and willing to work for WNC?
- Where was the money coming from to support the staffing issue? How could it be ensured that every organisation was working together consistently and sharing relevant information? In-house provision might be better because all organisations would be working for WNC.
- It seemed opportune to take services back in-house, but the examples provided seemed quite negative. Were there good examples of local authorities offering the service in-house?
- Providing the service entirely in-house would mean clinical staff losing CPD and lacking opportunities for progression.
- The challenges of NHS and WNC colleagues working together would need to be addressed for Option 2.2.
- Engagement of staff through workshops was important. Clarity was needed.
- On balance, Option 2.2 appeared to be the best route forward.

Officers responded as follows:

- It was a challenge getting everyone to work together and there needed to be alignment between Northamptonshire Healthcare NHS Foundation Trust (NHFT) and Children's Services.
- There was a national problem with recruitment and it was important that staff were supported clinically. There would be staff consultation and conversations with HR whichever option was chosen.
- The vision for the best start in life was set out clearly in the strategy and although some information was missing, this was being addressed. The costs would be fully funded from the Public Health budget. Terms and conditions were important as staff needed clinical support.
- There was no example of a 0-19 model provided entirely in-house by a local authority but there were examples of other services being provided in-house and other models which were mixed. It would be good to be able to take advantage of the family hubs and LAPs without the staffing risks.
- Option 2.2 would allow clinical staff to still be employed in an NHS setting but be in one team with WNC colleagues.

The Chair summarised points raised during discussion, noting that option 1 involved a risk that the market would not be able to provide what was required; option 2.1 could be very challenging due to the need to TUPE transfer staff on NHS terms and conditions to WNC; and option 3 could be complicated as it involved taking different approaches for elements of the current contract. Option 2.2 appeared to represent the best compromise. However, engagement with affected staff members was crucial in all cases.

RESOLVED: that the Committee was supportive of the approach to future provision of the 0-19 Health Visiting and School Nursing Service reflected in option 2.2 - the 0-19 service to be integrated with clinical staff and staff from WNC working together in a team.

8. **Review of Committee Work Programme**

The Democratic Services Assistant Manager presented the report inviting the Committee to review and note the work programme.

The next meeting was scheduled to have the following agenda items:

- Child and adolescent mental health and the risk of self-harm
- Educational attainment in West Northamptonshire
- Task and finish scrutiny review: SEND support
- Task and finish scrutiny review: support for foster carers.

The Committee considered that it should be possible to cover these items in the next meeting scheduled for Tuesday 4 June 2024.

RESOLVED: that the Committee endorsed the Work Programme.

The meeting closed at 8.20 pm

Chair: _____

Date: _____