



1. Brighton & Hove Rough Sleeping Strategy 2016

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on 12 July 2016.
- 1.3. Author: Andy Staniford, Housing Strategy Manager, Brighton & Hove City Council (e: andy.staniford@brighton-hove.gov.uk)
- 1.4. Report of: Executive Director Health Wellbeing & Adults and Acting Executive Director Economy Environment & Culture.

2. Summary

- 2.1 The issue of rough sleeping has become more acute recently with a visibly increased presence on the streets. This not only impacts on the individual's life chances, but also the city's reputation and costs to public services and business.
- 2.2 The city's approach to rough sleeping has been re-assessed to ensure that commissioners, service providers and those supporting people sleeping rough are working in partnership to a clear strategic plan. This plan will reduce rough sleeping in the city and improve outcomes for people sleeping rough and those at risk of rough sleeping.
- 2.3 On 15 March 2016 the draft strategy was presented to the Health & Wellbeing Board as part of the consultation process. Consultation feedback has helped shaped this final strategy which was approved by the Housing & New Homes Committee on 15 June 2016.
- 2.4 This report presents the Rough Sleeping Strategy 2016 to the Health & Wellbeing Board for endorsement.



3. Decisions, recommendations and any options

- 3.1 That the Board endorses the Rough Sleeping Strategy 2016 (attached as Appendix 1).

4. Relevant information

- 4.1 People sleeping rough are a transient population and the city's street services work with more than 1,000 cases each year, 20 every week. Around a third of these relate to people being seen more than once (in 2014/15 there were 1,129 cases involving 775 people). In November 2015, a snapshot of a single night estimated there were 78 people sleeping rough in Brighton & Hove:

People living on the streets	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Street service cases (financial year)	588	732	1,163	1,066	1,129	awaiting data
Official street count (people on a single night)	14 (Nov'10)	36 (Nov'11)	43 (Nov'12)	50 (Nov'13)	41 (Nov'14)	x
Street estimate (people on a single night)	x	76 (Nov'11)	90 (Mar'13)	132 (Mar'14)	x	78 (Nov'15)

Official street count: uses official guidance however, this is widely believed to undercount due to the strict criteria required

Street estimate: people sleeping rough known to local services on a particular day

- 4.2 There are concerns that numbers could increase further over the next year with the natural draw of Brighton & Hove as the place to be, the impact of welfare reforms and the high cost of accessing and sustaining accommodation in the city's private rented sector.
- 4.3 Supported accommodation is generally prioritised for those in need with a local connection¹. As of the May 2016, the city has 272 hostel

¹ Local Connection: The statutory definition of local connection is heavily shaped by case law stemming from the Housing Act 1996, Part 7, Section 199(1) which provides that a person has a local connection with the district of a housing authority if he or she has a connection with it: i) because he or she is, or was in the past, normally resident there, and that residence was of his or her own choice; or ii) because he or she is employed there; or iii) because of family associations there; or iv) because of any special circumstances. <http://www.legislation.gov.uk/ukpga/1996/52/section/199>



beds and 25 mental health hostel beds which are full. There are 215 clients on the waiting list for supported accommodation (82 of which are considered a high priority):

- 151 for hostel places with 24 hour support (43 high priority)
- 24 for young people's services with 24 hour support (20 high priority)
- 40 for mental health accommodation (19 high priority)

4.4 Information is not available for many of the hidden homeless in our city that may be living in squats, sleeping on sofas, and staying with friends and family.

4.5 Rough sleeping is rarely a lifestyle choice, but usually driven out of desperation, poverty and ill health. Police, prisons and health service report high levels of service need caused by rough sleeping:

- People sleeping rough are more likely to be the victim of crime and also more likely to commit crimes
- The City's Joint Strategic Needs Assessment² highlights a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst people sleeping rough. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections
- Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64
- The average age of death for a homeless person nationally is estimated to be 47 years old compared to 77 for the general population.

4.6 The rough sleeping and single homeless population is not representative of the wider city with the 2014/15 Rough Sleeper Annual Report showing that of the 1,129 cases (involving 775 people):

- 83% were male; 17% were female
- 12% (136 cases) were aged 17-25; 7% (83 cases) were over 55
- 81% (917 cases) indicated that they were UK nationals
- 19% (212 cases) were not from the UK with the largest group from central or eastern Europe (86 cases, a 50% increase from this region on 2013/14)
- 39% (438 cases) had a local connection

² Joint Strategic Needs Assessment 2014: Rough Sleeping and Single Homeless:
<http://www.bhconnected.org.uk/sites/bhconnected/files/jsna-6.4.3-Rough-sleepers2.pdf>

4.7 The council is facing significant budget reductions which have seen £77m saved in recent years and a further £68m needing to be saved between 2016 and 2020. The council budget for Housing Related Support linked to rough sleeping services is £4.3m for 2016/17. In addition there is £0.6m funding from Better Care, in partnership with the NHS. The Community and Voluntary Sector is estimated to contribute many more millions from other funding sources and in-kind support such as through volunteering.

Community Engagement & Consultation

- 4.8 The Rough Sleeping Strategy was developed in stages to give stakeholders opportunity to help shape the city's priorities and future action.
- 4.9 During the Position Paper consultation (Nov/Dec 2015), a stakeholder summit was held which had 78 professionals attend, and there was online consultation through the council's consultation portal which received 36 detailed submissions covering all aspects of our proposals. The council's website, social media and press engagement was used to promote the consultation.
- 4.10 The results of the Position Paper engagement were used to write our draft strategy which was published for additional consultation in March and April 2016. Again, this was promoted through social media, local organisations and councillors and MP's.
- 4.11 The draft strategy consultation saw 85 responses were completed on the consultation portal and we received some written responses concentrating on particular aspects of the strategy (from politicians, organisations and residents).
- 4.12 We particularly wanted to encourage responses from those with an experience of rough sleeping and St Mungo's held a draft strategy consultation exercise over 2 days at The Synergy Centre that involved more than 30 people sleeping rough. In addition, 30 of those responding on the portal had an experience of rough sleeping or insecure housing.
- 4.13 Officers attended a number of stakeholder meetings to raise awareness of the consultation, stimulate debate and seek feedback on the draft strategy including:
- Health & Wellbeing Board
 - Homeless Integrated Care Board
 - Strategic Housing Partnership
 - Civil Military Partnership Board



- Sussex Homeless Outreach Reconnection & Engagement (SHORE)
- Equality & Inclusion Partnership
- Better Care Board
- Day & Street Services Working Group
- Homeless Operational Services Forum

4.14 Those responding to the consultation recognised that homelessness and rough sleeping could happen to many of us with little warning, such as arising from the loss of a job or a relationship breakdown. These difficult times are compounded when other factors such as mental health, drug and alcohol, and other support needs may be present.

4.15 There was overwhelming support for the proposed vision and priorities of the strategy, with many suggestions for improvements to the way we work. Many respondents highlighted the significant challenges faced by the strategy from the fundamental issues arising from the shortage of high quality affordable housing and budget pressures. Other responses to the consultation reaffirmed the need for the strategy to take into account the specialist needs of particular groups who may be more vulnerable and require a slightly different approach, such as young people, women and LGBT* people.

City's Vision

4.16 People sleeping rough die younger than the general population yet the cost of preventing rough sleeping or supporting someone back into independence is much less than the cost to the individual and society than a life on the streets . Our draft strategy vision is:

“To make sure no-one has the need to sleep rough in Brighton & Hove by 2020”

The City's Strategic Priorities

4.17 To help us come together as a city and deliver the strategic vision, we have focussed our strategy on five priority areas:

1. **Preventing Homelessness and Rough Sleeping** – to provide a consistent message about housing options that helps services prevent homelessness and moves people away from sleeping rough
2. **Rapid Assessment and Reconnection** – outreach to assess the needs of people sleeping rough to plan support, and where



appropriate, reconnect people with friends, families and support networks, before they are fully immersed in street life

3. **Improving Health** – to ensure people sleeping rough are supported by health and social care services that help them to regain their independence
4. **A Safe City** – making sure people sleeping rough, residents and visitors are safe and free from intimidation
5. **Pathways to Independence** – making sure supported accommodation offers solutions appropriate to residents needs

Strategic Principle: Working together, a partnership

- 4.18 Within these priorities there is an underlying principle that, as a city, whether service commissioner, provider, community group, or individual with the desire to help, we need to work together to provide a consistent message and response to rough sleeping to support people to turn a corner and improve their lives.
- 4.19 The city's strategy needs to harness this expertise, energy and goodwill to enable all those with a stake in the city to work together and deliver our shared vision in partnership to make sure our combined efforts are not keeping people on the streets, but are focussed on getting people off the streets.

What will our new strategy achieve?

- 4.20 The strategy is allowing us an opportunity to refocus and reprioritise services within the available funding to better meet the needs of those at risk. Amongst the range of actions in the strategy, we will see:
 1. A new shared agreement, a **Pledge** backed up with a **Multi-Agency Protocol**, between the council, service providers, and other groups supporting people sleeping rough aimed at making sure we are all promoting the same consistent message, a single offer of support focussed on moving away from rough sleeping and street life.
 2. A new permanent **Assessment Centre** with a number of temporary (sit-up) beds to enable service providers to assess the needs of people sleeping rough in a stable environment.
 3. Each person having their own **Multi-Agency Plan** that will outline who is responsible for co-ordinating their care, which



services are working with them and the support available. A key part of the Plan will be to outline the client's housing options to help them make an informed choice about their future.

4. A **primary care led hub** with a multidisciplinary team delivering services in a number of settings in the city. This will to support homeless people to access primary and community healthcare services and include outreach to street settings where appropriate, day centres and hospitals to support care and discharge planning.
5. **New accommodation** for older homeless people with complex needs following a successful bid to the Homes & Communities Agency for £569,000. The accommodation which will offer at least eight en-suite rooms adapted for people with physical disabilities, they will be able to get the extra support they need to improve their lives. This will also free up much needed hostel space for others in need.

5. Important considerations and implications

Legal:

- 5.1 It is good practice for there to be proper consultation when a new strategy is being formulated. Section 5 of the report sets out the extensive consultation which has taken place in the development of this Strategy.
- 5.2 There will be a significant portion of the cohort of street population who will have a range of issues which may then bring them under the umbrella of the Equalities Act and there may be some legal duties owed to them depending on their level of need. The Care Act may also apply in some instances. This should be noted in relation to the consultation process going forward. Reference to the Care Act is within the report – this creates a duty between bodies to co-operate where there is identified need.
- 5.3 The information in the report reveals groups covered by the Equality Act and in particular those within the LGBT umbrella, have been recognised. Their needs have clearly been identified and provision is being made for them. Ongoing monitoring for the life of the strategy will track the impact on these groups and consideration will need to be given on what actions are needed if this develops.

- 5.4 The proposals themselves are proportionate and reasonable in particular in relation to the financial background and in relation to the social / housing context within the city, which has been set out.

Lawyer Consulted: Abraham Ghebre-Ghiorghis Date: 2 June 2016

Finance:

- 5.5 Contained in the body of the report. Any housing related costs associated with implementation of this strategy are expected to be within the £0.002m funding available.

Finance Officer Consulted: Neil Smith Date: 24 May 2016

Finance Officer Consulted: Monica Brooks Date: 23 May 2016

Equalities:

- 5.6 Rough sleepers are a vulnerable group more likely to have contact with the criminal justice system, drug, alcohol and health conditions, be excluded from mainstream services and have much worse outcomes than other groups. Measures to reduce rough sleeping will have a direct impact on reducing inequality in Brighton & Hove. An Equalities Impact Assessment has been completed to support the development of this strategy.

Sustainability:

- 5.7 None directly arising from this report.

Health, social care, children's services and public health:

- 5.8 As part of the Better Care initiative overseen by the Health and Wellbeing Board, an integrated health and care model for the single homeless is being developed. Although the remit of this work is broader than rough sleeping, it will be closely linked with the emerging work to develop a Rough Sleeping Strategy.

6. Supporting documents and information

- 6.1 Appendix 1: Brighton & Hove Rough Sleeping Strategy 2016