



*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Rough Sleeping Strategy 2016: Consultation Draft**

- 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 the 15<sup>th</sup> March 2016.
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- 1.4 Report of: Executive Director, Adult Services and Acting Executive Director, Environment, Development & Housing, Brighton & Hove City Council.

## **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 current approach to rough sleeping is being re-assessed to ensure that the city's 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 The draft Rough Sleeping Strategy 2016 was submitted to Housing & New Homes Committee on 2 March 2016 and Neighbourhoods, Communities & Equalities Committee on 14<sup>th</sup> March 2016 requesting permission to carry out formal consultation to shape the final version that will be brought back to those committees for adoption later in the year.

### **3. Decisions, recommendations and any options**

- 3.1 That the Board notes the contents of this report and the accompanying Draft Rough Sleeping Strategy 2016 attached for information as Appendix 1.

### **4. Relevant information**

- 4.1 Rough sleeping is not a lifestyle choice, but often driven out of desperation, poverty and ill health. Police 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 Assessment 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 (including hepatitis).
- 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.

- 4.2 People sleeping rough are a transient population and in 2014/15 services worked with 1,129 cases involving 775 people (around a third of cases relating to people being seen more than once). In November 2015, a snapshot of a single night estimated there were 78 people sleeping rough in Brighton & Hove.

- 4.3 As of January 2016, the city has 272 hostel beds and 25 mental health hostel beds which are full. There is a waiting list for this accommodation of 197 clients, 82 of which are considered a high priority. In addition, 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.
- 4.4 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.
- 4.5 The council is facing significant budget reductions which have seen £77m saved in recent years and a further £68m needing to be saved by 2020. The council budget for Housing Related Support linked to rough sleeping services is £4.3m for 2016/17. In addition there was funding from Better Care, in partnership with the NHS, in 2015/16 of £0.600m. The Better Care allocation for Brighton & Hove has been confirmed for 2016/17 and the joint decision of how this is apportioned between services is planned for mid March 2016. The Community and Voluntary Sector is estimated to contribute many more millions from other funding sources and in-kind support such as through volunteering.

*What will our new strategy achieve?*

- 4.6 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 proposed in the draft strategy, we would like to see:
- 4.7
- A new shared agreement, a **Multi-Agency Protocol**, between the council, service providers, and other groups supporting people sleeping rough. The Protocol is 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.
  - 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.
  - 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.

- A **primary care led hub** with a multidisciplinary team delivering services in a number of settings in the city. This will 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.
- **New accommodation** for older homeless people with complex needs following a successful bid to the Homes & Communities Agency for £569,000. The accommodation will offer at least eight en-suite rooms adapted for people with physical disabilities and provide the extra support they need to improve their lives. This will also free up much needed hostel space for others in need.

*City's Vision (draft)*

- 4.8 Our draft strategy vision is:  
*"To make sure no-one has the need to sleep rough in Brighton & Hove by 2020"*

*Strategic Principle: Working together, a partnership (draft)*

- 4.9 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.

*The City's Strategic Priorities (draft)*

- 4.10 We have focussed our strategy on five priority areas, each with a number of goals:

**Priority 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:

- Goal 1: Develop a consistent citywide approach to prevent homelessness and rough sleeping;
- Goal 2: Improve housing options for single person households



**Priority 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:

- Goal 3: Provide rapid assessment, support planning and effective reconnection;
- Goal 4: Target people sleeping rough with complex needs to ensure there is an integrated plan to move people into accommodation;
- Goal 5: Ensure services are sensitive to the needs of all vulnerable groups including LGBT\* people, young, older, women and ex service personnel.

**Priority 3: Improving Health** – to ensure people sleeping rough are supported by health and social care services that help them to regain their independence:

- Goal 6: Improve outcomes by delivering integrated primary care led health and social care services that are accessible to homeless people and support them to regain their independence;
- Goal 7: Ensure those on the streets have access to emergency shelter during extreme weather.

**Priority 4: A Safe City** – making sure people sleeping rough, residents and visitors are safe and free from intimidation:

- Goal 8: Focus on managing risks, harm and promoting appropriate behaviour;
- Goal 9: Promote alternatives to discourage begging

**Priority 5: Pathways to Independence** – to support people sleeping rough into regaining their independence:

- Goal 10: Have a flexible accommodation pathway that responds to changing needs;
- Goal 11: Develop bespoke supported accommodation options where appropriate;



- Goal 12: Ensure timely move-on to independent accommodation.

Timescales:

4.11 The Rough Sleeper Strategy Review is being developed in phases to give stakeholders opportunity to help shape the city's priorities:

- **Position Paper (Nov/Dec 2015):** this summarised the city's current approach to rough sleeping and was used as the basis for scoping consultation which included a stakeholder summit. Responses were used to develop the draft strategy, its priorities, goals and strategic actions.
- **Draft Rough Sleeping Strategy 2016 (Mar/Apr 2016):** building on the Position Paper and options developed in the summit. We plan to consult on the draft strategy between 16 March and 17 April 2016 and particularly welcome contributions from those who are, or have been, sleeping rough. The results of this consultation will help shape the final strategy.
- **Final Strategy (July 2016):** stakeholders will be encouraged to formally sign-up to the vision, aims and objectives of the strategy to ensure a unified and consistent approach across the city.

## 5. Important considerations and implications

Legal:

- 5.1 This is a draft consultation request and at this stage does not bind the Council to any decision save commitment to a small amount of resources to pursue the consultation. Given the stages process described it is sensible to have consultation take place. Choosing the correct consultees who represent all the relevant interest groups will be important.
- 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.



## **6. Supporting documents and information**

### **6.1 Appendix 1: Draft Rough Sleeping Strategy 2016**