

COMMUNITIES SCRUTINY PANEL

DATE	07/07/2022
REPORT OF	Sharon Wroot, Executive Director, Environment, Economy and Resources
SUBJECT	Rough Sleeper Initiative
STATUS	Open Report. Closed Appendix NOT FOR PUBLICATION Exempt information within paragraph 3 of Schedule 12A to the Local Government Act 1972 (as amended)

CONTRIBUTION TO OUR AIMS

The delivery of Rough Sleeper Initiatives (RSI) through the Department of Levelling up, Housing and Communities (DLUHC) contributes to the Council's key outcomes of Sustainable Communities, Health, Wellbeing, and Feeling Safe by enabling access to housing and support options for vulnerable people experiencing multiple exclusion homelessness. The Rough Sleeper Initiative funding provides a range of support packages to enable people to live independently. Initiatives address housing and the tri-morbidity of mental ill health, physical ill health and drug or alcohol misuse and provision of emergency/short-term and longer-term, supported accommodation.

EXECUTIVE SUMMARY

The RSI funding aims to reduce the numbers of rough sleepers and prevent those with complex needs from becoming homeless. Individuals have access to a range of support packages within the community to equip them to live independently and secure and maintain housing within North East Lincolnshire.

Following a funding proposal submitted in February 2022, the Council have been awarded £1,783,615 of ring-fenced revenue which covers the period 1 April 2022 to 31 March 2025 to continue the interventions already in place over the previous 12 months and introduce additional interventions specifically to reduce the numbers of people new to rough sleeping.

Support for the recommendations contained in the report are sought from Scrutiny prior to Cabinet on 20th July 2022:

It is recommended that Cabinet:

1. Supports the recommendations of the Executive Director, Environment, Economy and Resources and Leader and Portfolio Holder for Economy, Net Zero, Skills and Housing to award funding to providers for the specific initiatives detailed in Appendix B.
2. Delegates authority Leader and Portfolio Holder for Economy, Net Zero, Skills and Housing to award and to ensure that all necessary actions in relation to implementation are carried out; and
3. Authorises the Assistant Director Law, Governance and Assets (Monitoring

Officer) to execute and complete all requisite legal documentation.

REASONS FOR DECISION

The decision allows the Council to award the grant funding for the DLUHC agreed Rough Sleeper Initiatives in North East Lincolnshire to reduce the numbers of rough sleepers and prevent those who are vulnerable and with complex needs from becoming homeless.

1. BACKGROUND AND ISSUES

1.1 The Government's Rough Sleeping Strategy sets out the Government's vision for halving rough sleeping by 2022 and ending it by 2027. Since March 2018, the Government's rough sleeping initiative (RSI) has funded local authorities to provide specialist services to help the most vulnerable people in society off the streets and into secure accommodation.

1.2 In January 2022 Authorities were invited to submit funding bids for the interventions required to build, grow and improve rough sleeper services over the next three years of RSI 2022-2025. The bid had to be accompanied by a Rough-Sleeping Self- Assessment (Appendix A) which highlighted 4 objectives that should be in place to tackle rough sleeping effectively:

- 1) **Prevention** - Activities to stop people sleeping rough for the first time
- 2) **Intervention** - Support for those currently sleeping rough to move off the street
- 3) **Recovery** - Support for those who have slept rough to ensure they do not return to the streets
- 4) **Systems Support** - Systems and structures to embed change and monitor progress

13 Review of previous 12 months of RSI funded initiatives:

Harbour Place

Over the past 12 months, the DLUHC funding has provided 8 individual rooms in the night shelter and secured continuation of the rough sleeper street outreach support and substance misuse support along with increasing the day time support provided to those in tenancies or in temporary housing in readiness to move on, or to pick up specific issues to prevent the loss of accommodation.

1.4 Hull & East Yorkshire MIND

MIND were funded to supply 2FTE Navigators to provide intensive, psychological support to entrenched rough sleepers and engage them in statutory and voluntary services/provision. In addition, they have provided support to those in the Strand St project (see below) with multiple and complex needs, along with mental health support from a specialist support worker.

1.5 We Are With You

A specialist alcohol and substance worker has been working from Hope

Street night shelter, providing support to those who want intervention and support around their addiction. It was identified that 90% of the rough sleepers accommodated by the local authority during the Covid pandemic had substance issues and that the client group needed additional, dedicated support in this regard. In addition they have provided a dedicated Recovery Support Worker and Health Care Assistant to carry out health assessments, advise on harm reduction and provide further staff training.

1.6 Rapid Rehousing Pathway (RRP) in partnership with Longhurst Group and Lincolnshire Housing Partnership

The RRP has provided social housing tenancies for a further 5 former rough sleepers, with Longhurst Group providing the housing related support and properties offered by both Longhurst Group and Lincolnshire Housing partnership. The Authority have taken on the lease of a property for 12 months and given the 'tenant' a licence agreement to occupy. At the end of the 12 months, providing they have been a good tenant, maintained the accommodation and paid their rent, they are given a social housing tenancy agreement in their name and the support is transferred to our commissioned housing related support services. The success rate of this intervention continues to be 80%.

1.7 Strand Street supported accommodation programme.

Due to additional funding streams from DLUHC during the pandemic, the Authority set up a group of self-contained flats, with security and mental health/substance misuse and housing related support all provided on-site which has proved very successful and financially cost-effective.

The move on options from the street and night shelter are limited. Often rough sleepers do not want to share with others, and in many cases due to their substance use and/or mental health needs, it is not safe or suitable. Hostel and supported accommodation providers refuse to accommodate them due to former arrears and behaviour.

Housing benefit covers the intensive housing management costs incurred by the Service, which we are unable to claim in bed and breakfast for example, so as well as receiving support, they are learning to maintain a tenancy and any cost of maintenance, replacement/repair of household items, is covered in our recouped benefit income.

We separate the housing management, by the Authority, from the support provided by MIND, as the client group can be difficult to engage with, so acceptance is not expected all the time, but the adherence to tenancy conditions is monitored by the Authority. The success rate of this scheme is currently running at 70%.

1.8 Rough Sleeper numbers in 2018 were 22 and on the spot count on 31/03/2022 5 rough sleepers were verified in varying locations across the Borough.

2. RISKS AND OPPORTUNITIES

2.1 By providing services to meet the complex and intersecting needs of the client group this will impact positively on cyclical homelessness and reduce instances of rough sleeping in the Town Centre and other public spaces.

- 2.2 During the period in which Covid-19 restrictions were implemented there was a directive from Central Government to accommodate and support rough sleepers, classified as a vulnerable group, to ensure they were not left at risk of contracting the virus. Following the easing of lockdown arrangements, services have worked together to support those who were accommodated to ensure they did not return to rough sleeping. The information collected during this period has helped the Council to shape the future provision of HRS and develop further the holistic, person-centred approach to supporting those with complex needs, which we believe is important to prevent homelessness and reduce the demand on other public services and outlets.
- 2.3 Rough sleeping accommodation and support initiatives are already in place and the numbers of rough sleepers has reduced since the introduction of the funding in 2018. Investment into this area reduces the demands, both physical and financial, on other local authority, social care and health services. Value for money is tested through the submission of rough sleeper data to the DLUHC monthly.
- 2.4 The delivery of RSI across the borough enables the Council and partners to support our most vulnerable residents to access accommodation and support to prevent homelessness, rough sleeping and sofa-surfing.
- 2.5 Interventions are designed to improve individual's health and wellbeing by ensuring provision of a multi-disciplinary accommodation and support package across partners.
- 2.6 No human rights or equality and diversity issues are impacted.

3. OTHER OPTIONS CONSIDERED

3.1 Not accept funding and grant Providers to provide RSI:

Not accepting the funding for rough sleeper initiatives as agreed by DLUHC could result in the delivery of rough sleeper initiatives ceasing, which would lead to a significant increase in the number of people approaching the Council for homelessness assistance, increased instances of rough sleeping and begging. We would anticipate an increase in sofa-surfing and rough sleeping across the borough. Alternatively, at a time when reducing rough sleeping is a priority for the Government, the Authority may incur additional costs in accommodating those who become homeless.

3.2 Explore options to terminate delivery of RSI programme.

The Council has maintained its commitment in funding the support offered to rough sleepers and rough sleeper services. The removal of such a programme across the Borough would create a significant increase in demand on services in the public and welfare sectors for those most in need. Removing the funding for street outreach workers would remove the frontline face to face / direct services for those residents in crisis. The funding also funds 2 Support Workers to continue to support those rough sleepers who are accommodated, so they can access support as and when they reach out in need along with additional interventions to provide increased support available during the daytime as well as via the night shelter. There are some changes to the interventions identified for 2022-2025 which focus on preventing new rough sleepers, by improving the

collaborative assessments of those with mental health, physical health, social care and housing issues

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

- 4.1 Not accepting the funding could be considered as a reputational risk; rough sleeping is a government priority, and from a community perspective, the prevalence of rough sleeping can impact on the public's perception of the Council's wider improvement and regeneration activities.
- 4.2 The revised rough sleeper interventions will deliver improved outcomes for rough sleepers and individuals with complex needs at risk of rough sleeping.

5. FINANCIAL CONSIDERATIONS

- 5.1 The interventions outlined in Appendix A will support the Council's key objectives and support delivery of the Council's vision.
- 5.2 There is no call on Council reserves.
- 5.3 Value for money will be demonstrated by reduced numbers of those who face rough sleeping and repeat homelessness and improved social capital.

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

- 6.1 To enable interventions to be delivered across the borough there is a need for support and outreach workers to travel to locations. A variety of transportation methods are used including the use of personal cars, bikes, public transport, and walking.
- 6.2 Where clients are accommodated within shared housing or hostel settings, providers have continued to develop their recycling programmes and raise awareness with client groups regarding the importance of recycling and how to recycle properly, in line with local collections.
- 6.3 Where accommodation is provided, secured for individuals, Providers will ensure potential thermal comfort issues are reported to the Home Improvement Team and appropriate action taken where required, to improve the energy efficiency of the dwelling.

7. FINANCIAL IMPLICATIONS

The initiatives outlined within the report are to be funded through external grant that has been awarded to the Council.

8. LEGAL IMPLICATIONS

- 8.1 Direct legal implications arise largely through the conditionality of the funding awarded and subsequent awards enabled by this decision. Legal Service colleagues are available for advice and assistance so as to ensure lawful and compliant use of funding.
- 8.2 The delegations sought are appropriate.

9. HUMAN RESOURCES IMPLICATIONS

There are no direct HR implications contained within this report

10. WARD IMPLICATIONS

Rough Sleeper Interventions will be carried out across the Borough.

11. BACKGROUND PAPERS

None

12. CONTACT OFFICER(S)

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LEADER OF THE COUNCIL AND PORTFOLIO HOLDER FOR ECONOMY, NET
ZERO, SKILLS AND HOUSING

Appendix A

Working Together to End Rough Sleeping 2022 – 2025

Rough Sleeping Self-Assessment Tool

Section 1: Background and Introduction

1.1 Background

The Government has committed to ending rough sleeping by the end of the current Parliament. The Spending Review demonstrates the Government’s commitment to deliver on this by preventing rough sleeping as well as supporting those on the streets to rebuild their lives. This means the Government is committing over £2bn to tackle homelessness and rough sleeping over the next 3 years, with multi-year funding enabling local partners to better plan services and maximise efficiencies.

A 3-year spending review is the opportunity to put in place an ambitious plan for ending rough sleeping and think longer-term and innovatively about different approaches to rough sleeping. That is why we are asking you to complete a self-assessment tool to inform your planning for the next three years. This tool is a key part of your proposal submission and will be an important reference point for the Department for Levelling Up, Housing and Communities (DLUHC) during the moderation process.

The objectives of the Rough Sleeping Self-Assessment tool are:

- 1) To identify **the interventions you want to build, grow and improve** over three years of RSI 2022-2025. The tool will support you to consider your current rough sleeping provision and make an assessment of its strengths and any service gaps. This then informs the design of your future service pathway.
- 2) To help DLUHC **make informed assessments** of an area’s strengths and service gaps and understand your overall strategic vision.

- 3) To provide a **tool for conversations between areas and RSI advisers** during the co-production process, ensuring our specialists advisers can support you with your needs.
- 4) To build a picture of local rough sleeping delivery at the start of RSI 2022-2025.

The principles of the tool are:

- Assessment should not only consider, or be limited to, areas of work previously funded by the Rough Sleeping Initiative. You should **take a broader view of rough sleeping** services locally, considering those you fund directly, long term accommodation requirements, specialist services for specific groups of people at risk, e.g. ex-offenders, and other pilots or innovative services.
- The tool will **be a snapshot of your current response to rough sleeping** and will set the local context for your RSI 2022 - 2025 proposal. You will need to update their Ending Rough Sleeping Delivery Plans after RSI 2022 - 2025 funding decisions have been made. The self-assessment tool will be a useful reference for the development of these plans.
- The assessment should be **open and honest** about where the current needs and gaps are. It should take into account the views of stakeholders, such as delivery partners, locally charities and people with lived experience.

How the self-assessment tool works

The rough sleeping self-assessment tool describes four objectives that should be in place to tackle rough sleeping effectively:

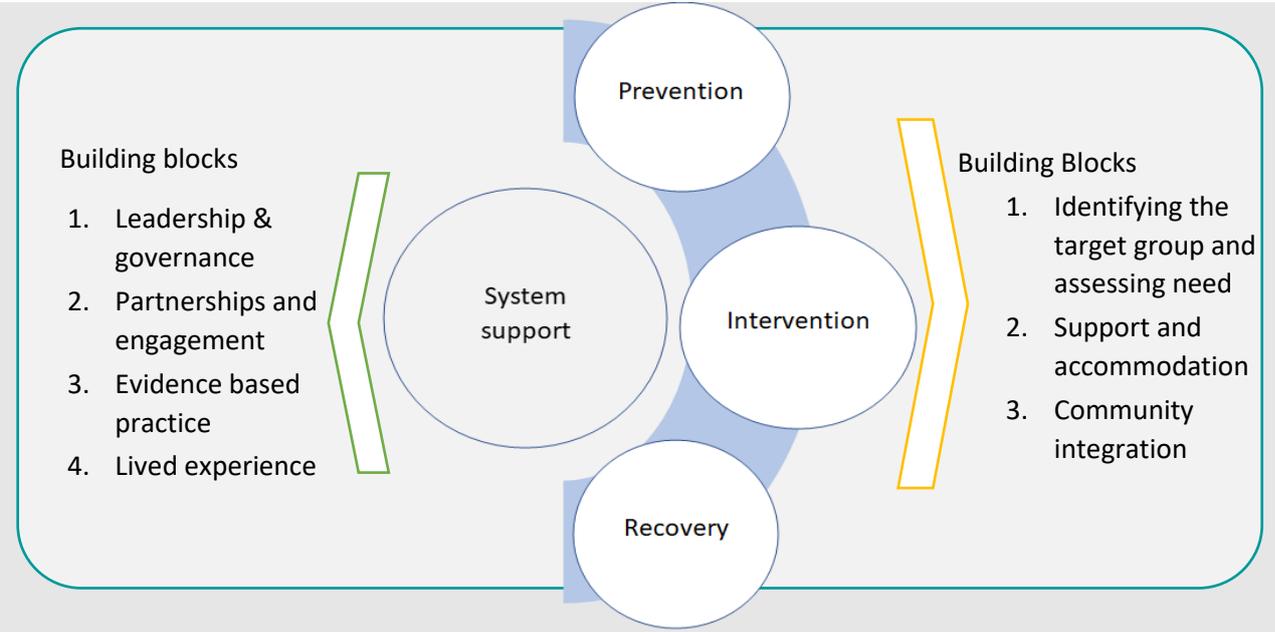
- 1) **Prevention** - Activities to stop people sleeping rough for the first time
- 2) **Intervention** - Support for those currently sleeping rough to move off the street
- 3) **Recovery** - Support for those who have slept rough to ensure they do not return to the streets

4) **Systems Support** - Systems and structures to embed change and monitor progress

You should assess your current rough sleeping response against the four objectives. We suggest that this is done with specific reference to the related ‘building blocks’ (Table 2). The building blocks outline the core elements of a well-developed response to rough sleeping and should be used as a benchmark to assess the local response.

We recognise the process of coproduction is complex and can take time, therefore we expect this assessment to be high level and proportionate in order to capture the main strengths and challenges across your rough sleeping pathway.

Table1: Illustration of the Self-assessment approach



1.2 The ‘Objectives’ & ‘Building Blocks’ of an effective rough sleeping response

The below table 2 provides a summary of the 4 objectives – with brief descriptors against each building block as a guide.

When completing your self-assessment, please consider the following as descriptions of a matured and embedded response to rough sleeping. Consider what you already have in place to achieve this, and where there are gaps. Your response needs to fully recognise individual needs, and the needs of different cohorts.

Table 2: Explanation of Objectives and Building Blocks

	Objective 1: Prevention Activities to stop people sleeping rough for the first time	Objective 2: Intervention Support for those currently sleeping rough to move off the streets	Objective 3: Recovery Support for those who have slept rough to ensure they do not return to the streets
Building block 1: Identifying the target group and assessing need	People at risk of rough sleeping are identified at the earliest opportunity and their needs are understood.	All people sleeping rough are identified on first night out and have their individual needs assessed using a holistic single assessment tool.	Longer term needs of people with a history of sleeping rough are identified and plans developed to respond to them.
Building block 2: Support and accommodation	People at risk of rough sleeping receive targeted support and advice to maintain their accommodation or find an appropriate alternative.	Resources ensure a personalised and immediate offer, and sufficient capacity to respond to flow throughout the year.	A personalised offer to meet every individual’s needs, and sufficient capacity to maintain flow through a pathway of services.
Building block 3: Integration into wider community	People at risk receive a personalised and holistic offer to best support them to integrate into their community.	Strong collaboration with community groups and general public so that responses to people sleeping rough are informed, coordinated and integrated.	A personalised and holistic offer to best support someone with a history of sleeping rough be integrated into their community.

	Objective 4: System support Systems and structures to embed change and monitor progress
Building block 1: Leadership and governance	Clear and evidenced commitment from senior leaders to end rough sleeping.
Building block 2: Partnerships and engagement	Partnership response in place which reflects the complexity and diversity of the needs of people sleeping rough/at risk.
Building block 3: Lived experience	Service design and delivery is influenced by the insight and expertise of people with experience of homelessness and sleeping rough.

Building block 4: Evidence based practice	The response to rough sleeping is informed by evidence of what works.
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2 How to complete self-assessment tool?

Please read the guidance carefully. Think about who you will want to engage with to contribute to your response.

Section 2a: Key Information

- Please provided the key information as required.

Section 2b: Self-Assessment

- A blank template table is provided for each objective. There are four to complete (Intervention, Recovery, Prevention and Systems Support). We ask that each table when completed is no more than 1 page, font size 11.
- You should provide a summary of the key strengths and gaps in the local service offer in your area. This should take into consideration how this meets the definitions described in the building blocks outlined in Table 2.
- Based on the summary of strengths and gaps, you should then rate your current response, as either ‘developing’, ‘established’, ‘embedded’. Definitions are provided in Table 3 below.
- Please think broadly, and beyond interventions that are currently funded by RS14 (2021 – 2022), with reference to your wider rough sleeping pathway, including how your accommodation and wider rough sleeping services needs may develop over the next three years. This should include thinking about specific cohorts such as ex-offenders.
- Responses should be specific and concise. We recommend the use of bullet points.

Table 3 – Summary Rating Definitions

Developing	Your response is relatively new / undeveloped. You are not or partially meeting the building block descriptors.
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Established	Your response is established but could be improved. You are meeting some of the build block descriptors, but some are still developing.
Embedded	Your response is well-established and effective and exceeds the descriptors provided by the building blocks.

Section 2c: Looking to 2025 Summary Statement

You are asked to provide a short-written statement to summarise the self-assessment and describe your vision for rough sleeping provision by 2025. The statement should include:

- An ‘executive summary style’ overview of the key strengths and gaps considered in the self-assessment.
- With reference to the self-assessment, the statement should set out a high-level description and summary of where your area will be by 2025 as a result of 3-year RSI funding. The statement will be used by DLUHC during the moderation process to understand your strategic context and the total capability needed in the local area. You should aim to consult with a range of local partners and we recommend it is tested with your RSI adviser. You may already have a homeless and rough sleeping strategy for your local area that covers this period, you are encouraged to cross reference and use any agreed strategy if it is relevant to the changes that you will bring about through RSI.
- The statement should aim to be no more than 750 words.

Section 2: The Self-Assessment

2a: Key information

1. What is your operational target?

Current (21/22)	Predicted 22/23	Predicted 23/24	Predicted 24/25
10	7	6	5

2. How many people are in your Target Priority Group?

(The criteria to identify these target groups is individuals who have been seen sleeping rough in two or more years out of the last three, or in two or more months out of the last 12. You may discuss variations on the criteria with your RSI adviser, as appropriate.)

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3. Which groups and/or partners have you engaged with to complete the self-assessment? Please list below:

Harbour Place (night shelter and rough sleeper outreach & support)
 We Are With You (substance misuse)
 MIND (mental health charity)
 Public Health Commissioner
 Health and Well-Being Manager (NELC)
 Focus (Adult social care)
 Navigo (Mental Health Service)
 Safeguarding Adult Board NEL
 Community Safety Partnership
 Housing Related Support forum
 Open Door – health provider

2b: Self-Assessment

1. Prevention Activities to stop people sleeping rough for the first time
<p>Building Block 1:</p> <p>People at risk of rough sleeping are identified at the earliest opportunity and their needs are understood.</p> <p>Building Block 2:</p> <p>People at risk of rough sleeping receive targeted support and advice to maintain their accommodation or find appropriate alternative.</p> <p>Building Block 3:</p> <p>People at risk receive a personalised and holistic offer to best support them to integrate into their community.</p>
<p>Current Strengths (including all relevant activities and funding streams e.g., RSI, local funding and funding provided by other government departments):</p>

NELC fundingHRS funding for complex needs

- Housing related support to access and maintain accommodation commissioned and in place from 03/08/2021.
- Commissioned from a trauma informed practice (care) approach.
- Framework of 8 Providers of housing related support, 4 of which have accommodation available.
- Increased focus on preventing homelessness and referral prior to eviction from supported housing providers
- Support can continue for those who receive short custodial sentences so they can return to accommodation on release
- Increased collaboration between support providers and the Authority to ensure effective housing plans are issued and worked upon in parallel with statutory and VCSE partners.
- Support is available for those with complex/high needs up to 10 hours per week, and medium needs between 2 and 5 hours per week.
- Engagement with local VCSE providers, in particular Age UK, Friendship at Home and the Council's Health and Well-being Team to ensure robust and sustainable transition to independence is achieved and sustained.
- Strong, well established and trusted relationships with rough sleeper services can continue in addition to housing related support

Homelessness Prevention Service

- Employ a specialist money advice and homelessness prevention officer in post from June 2021, becoming a permanent post in the restructure of the Service April 2022.
- Information on signposting to support shared with VCS network and awareness of questions to ask, how to spot the signs of risk of homelessness and how to refer people now built into wider vulnerability work across the borough.
- Jointly issued communications with VCS sector to the wider public

Operational Risk Management Meetings and High- Risk Panels (SAB)

- Clear protocols in place to escalate cases to a multi-disciplinary panel for cases involving individuals who are accommodated but self-neglecting, hoarding, domestic abuse or experiencing exploitation.

New joint working and commissioning arrangements

- New LA emphasis on care leavers and young people to educate and provide high quality, supported accommodation, particularly in emergency situations.
- Joint use of HRS with care leaver support, attendance by Housing at the accommodation panel for looked after children, and Commissioning of a bespoke children's accommodation and support service underway, referrals will be from both housing and children's services.
- A dedicated young people's homelessness prevention officer in a new staffing structure for the homelessness prevention service, effective from 01/05/2022
- Post to be situated in the NEET Team and matrix managed
- A specialist DA and homelessness prevention officer post in the service structure to ensure accommodation and support needs of all victims of DA, including those with

complex issues, are provided with the relevant and most appropriate service to meet their holistic needs.

RSI funding

- A network of support agencies to identify people at risk of or who are already rough sleeping is in place.
- Preventative support for those rough sleepers who have moved on to tenancies, or have been provided with tenancies under statutory powers, when moving on from the night shelter provided by Harbour Place

RSAP

- Revenue funding in place for a support worker for those moving into accommodation on a non-secure tenancy using discretionary powers at homelessness relief duty to reduce chance of eviction

Public Health NELC funding (commissions substance misuse service)

- New YMCA building in East Marsh area of Grimsby (highest deprivation), a new local hub, with improved counselling and support available, also have a We Are With You worker there for prescribing and support from a harm reduction perspective.
- We Are With You also offering outreach at Salvation Army, getting people on an optimum dose so less likely to have cravings.
- We Are With You - Now have lived experience workers in the community, advocating, find people to bring into service, speaking from own view- point.
- Needle exchange service available , harm minimisation.

Gaps in local service pathway (please list in priority order below):

The Authority is taking a Public Health approach to improve the health and wellbeing of residents in the area, particularly those complex individuals who require multiple public and social services working together to implement early interventions to prevent them from becoming homeless, and to intervene if they find themselves rough sleeping.

Probation/ Criminal Justice

Currently there is limited involvement and collaboration – improvement is essential to ensure accommodation is available on release to those who are given short custodial sentences, and to consider an accommodation programme from an integrated offender management approach, those who touch on rough sleeper services frequently and have been regularly accommodated by other support Providers but often evicted. A jointly commissioned project for housing and supporting those under Integrated Offender Management is in development. In 2021/2022 the Home Options Team received 168 referrals for people homeless as a result of leaving prison. This is 10% of our overall referral numbers. Due to the reason for referral, the homelessness is often immediate and in a crisis. This puts both Probation and Home Options services under extreme pressure, and ultimately leads to people sourcing their own unsuitable and often temporary housing which gives no security or opportunity to support individuals.

Assessment Centre/hub

- The current pathway would benefit from a dedicated assessment hub, planning, assessing the housing and support needs of complex individuals requiring support to enable them to live independently, remain where they are or ensure appropriate and timely moves to more suitable accommodation can be facilitated prior to crisis.
- The assessment approach for complex individuals needs to be consistent across support organisations including the VCS and public sector partners enabling faster identification of risk, holistic assessment of need
- Harbour Place and Open Door are based in close proximity to each other in the Council ward, with the greatest deprivation and poorest health outcomes. There is potential for them to create a local hub where a holistic view of health, well-being, care, support and accommodation needs could be assessed.
- Multi agency staffing of the hub would include:
 - A housing options worker to ensure all those accessing the ‘hub’ have a personalised housing plan, reducing the ‘no contacts’ for complex individuals.
 - An adult social care practitioner to carry out Care Act 2014 assessments. This will require short-term funding and then the effectiveness can be evaluated and factored into future provision.
 - Navigo (mental health service) have agreed the provision of a mental health practitioner to focus on capacity assessments and engaging people in mental health assessments. This post would be hosted by Home Options and take a case load for homeless, or at risk of homelessness, complex individuals with mental health issues.
- Increase day-time appointments to support people who have moved into accommodation at Harbour Place and introduce group activities and tenancy sustainment.
- Need to ensure there are the right and appropriate options available to move on from the shelter.

Current ratings:

Developing / **established** / embedded

2. Intervention
Support for those currently sleeping rough to move off the streets

Building Block 1:
All people sleeping rough are identified on first night out and have their individual needs assessed using a holistic single assessment tool.

Building Block 2:
Resources ensure a personalised and immediate offer, and sufficient capacity to respond to flow throughout the year.

Building Block 3:
Strong collaboration with community groups and general public so that responses to people sleeping rough are informed, coordinated and integrated.

Current Strengths (including all relevant activities and funding streams e.g., RSI, local funding and funding provided by other government departments):

- RSI funding
- Harbour Place outreach service responds quickly to reports of rough sleepers and carries out a weekly spot count
 - has good intelligence on rough sleeping and street activity
 - Substance misuse services have given street outreach team naloxone training which has been vital to prevent service user deaths
 - Night Shelter provision by Harbour Place
 - Out of hours outreach service available with emergency room kept for use by LA homelessness service
 - Open 5 mornings per week to provide support, rough sleeper services, clothes, showers, specialist benefits worker
 - fully equipped medical room (Open Door weekly or bi-weekly sessions with nurses – podiatry, preventative work on COPD)

Gaps in local service pathway (please list in priority order below):

- Lack of single assessment tool, although referral made to LA for statutory assessment which could be expanded
- Slow move on from night shelter currently but new RP in the area, willing to consider acceptance with additional support from RSI funded support teams.
- Need to expand the rapid re-housing model for former rough sleepers/complex individuals, make this self-sustaining for future
- Streetlink – improve response time and have referrals sent directly to Harbour Place Outreach Team to provide a timely response and improve outcomes recorded by Streetlink
- The LA require a co-ordinator role that can be funded by RSI until all initiatives are embedded. The role would ensure we have an agreed rough sleeper figure and can monitor deliverable outcomes set in commissioning specifications.

- Lack of understanding about the work happening in the borough, misconceptions and negative press impact on effectiveness of joint working and reporting of rough sleeping and homelessness prevention referrals.
- Develop a Homelessness Charter to be hosted by VCSE to get key messages to the public and those with an interest in the work area, wanting to volunteer or carry out charitable work in the sector, ensuring both their and the complex individual's safety and also to firmly embed the need to prevent rough sleeping.
- Homelessness Prevention Service and both adult social care and mental health services should provide services and complete homelessness and other statutory assessments at the 'hub' ensuring a consistent approach between services working to prevent or intervene in an individual's homelessness.

Current ratings (please highlight appropriate rating):
Developing / **established** / embedded

3. Recovery
Support for those who have slept rough to ensure they do not return to the streets

Building Block 1:
Longer term needs of people with a history of sleeping rough are identified and plans developed to respond to them.

Building Block 2:
A personalised offer to meet every individual’s needs, and sufficient capacity to maintain flow through a pathway of services.

Building Block 3:
A personalised and holistic offer to best support someone with a history of sleeping rough be integrated into their community.

Current Strengths (including all relevant activities and funding streams e.g., RSI, local funding and funding provided by other government departments):

Provider meetings

Multi-disciplinary meetings held fortnightly, wide range of agencies attending, to look at plans and accommodation offers for complex cases and those in the night shelter to free up bed spaces.

- Police
- Probation
- Supported housing providers
- Harbour Place
- NELC Home Options Service and Housing Related Support Team
- NELC ASB Team
- MIND

RSAP

- 6 units of RSAP funded accommodation by 31/03/2022 (4 units in use Jan 2022)

RSI

Rapid Re-housing Pathway

- is working well and planned to continue.
- offer of social housing on a 12-month licence and at the end of the period the tenancy then goes into occupant’s name, providing they have managed the tenancy well, paid rent and not caused any ASB.
- These tenancies are offered regardless of former tenant debt, and the debt is no longer pursued by the partner.
- Accommodation is found in the tenant’s area of preference, and they choose their furniture, paint and household goods.

Prevention workers/accommodation support

Harbour Place currently employ 2 staff to assist those who come into the centre in need of assistance with issues like welfare benefits, debts, utility problems. They arrange a home visit or office appointment to resolve issues regardless of tenure, even if they are in commissioned

accommodation and need someone to advocate on their behalf. The support for former rough sleepers continues regardless of tenure.

Gaps in local service pathway (please list in priority order below):

Provider Meetings

It is important to recognise that people move in and out of periods of rough sleeping. Rough sleeping can be transitory, and many experience a ‘revolving door’ cycle, moving in and out of short-term accommodation. The meeting should be a platform for attendees to bring cases for known rough sleepers and those in the night shelter primarily, and others unstably housed and on the fringe of rough-sleeping or in temporary accommodation. The Rough Sleeper Co-ordinator will cross-reference the cases and prioritise those to be heard based on housing status. They will also ensure all necessary services are invited to attend.

Missing services identified

- Focus (Adult Social Care)
- Navigo (mental health)
- Consider wider VCSE inclusion – CARE access to privately rented accommodation

I have agreement from Focus (commissioned ASC provider) to supply a practitioner to work in ‘Housing’ to carry out care act assessments for those who consent, share knowledge, expertise, and take back housing knowledge to their service. This will require initial funding, with the outcome reviewed and built into future commissioning of the service.

Navigo (commissioned mental health service) have also agreed to provide a practitioner to become a housing expert, carry out mental health assessments, work with street outreach services and take cases of those with housing and mental health issues, fast-tracking into treatment. This will require initial funding, with the outcome reviewed and built into future commissioning of the service.

Pre-eviction protocol in development with Housing Related Support Providers.

Additional Move On Accommodation required – working with a new RP in the area to move rough sleepers in to their intensive housing management accommodation, utilising the housing related support for complex needs

Private rented access scheme required (explore tenant insurance scheme) – to be considered under Accommodation for Ex-Offenders scheme.

NELC are developing a private sector leasing scheme.

Tenancy sustainment for rough sleepers who access the private rented sector is require to set up utilities, apply for grants and assist to furnish the property and get tenancies off to a good start. They would also be the conduit for a landlord to request assistance if there were issues with the tenancy.

Volunteering and skills Harbour Place will provide daytime activities and skills groups from the new Hub at Hope Street. They will also develop the Homelessness Charter and co-ordinate volunteering opportunities for those wanting to volunteer in rough sleeper services, but also provide advice and guidance to others who may want to assist. They will consider anyone who engages with services with lived homelessness experience for volunteering and mentoring opportunities, and to train to provide out/in-reach.

Current ratings:

Developing / **established** / embedded

4. Systems Support
Systems and structures to embed change and monitor progress

- Building Block 1**
Clear and evidenced commitment from senior leaders to end rough sleeping.
- Building Block 2**
Partnership response in place which reflects the complexity and diversity of the needs of people sleeping rough/at risk.
- Building Block 3**
Service design and delivery is influenced by the insight and expertise of people with experience of homelessness and sleeping rough.
- Building Block 4**
The response to rough sleeping is informed by evidence of what works.

Current Strengths (including all relevant activities and funding streams e.g., RSI, local funding and funding provided by other government departments):

Rough sleeper (Delta/DLUHC) statistics reported monthly to the Council’s Leadership Team.

Partnerships with VCSE and statutory sectors established and protocols for escalation of complex cases embedded via the Safeguarding Adult Board priorities and cross service commissioning in place to prevent homelessness in vulnerable and complex groups.

Support workers with specialisms and lived experience now recruited by We Are With you, but this needs to be replicated across other services.

Public Health approach to Health and Wellbeing being rolled out across communities, creating improved holistic assessments and collaborative working between health, homelessness, social care, substance services, care leaving team and domestic abuse support and safe accommodation duty provision.

Joint commissioning of services for complex and vulnerable people and integration of housing related support in to plans for care leavers and victims of domestic abuse.

- New DA perpetrator programme under development with Community Safety Partnership and Children’s Services.
- Accommodation and support for 16-21 year olds where the LA has a duty to accommodate to be jointly commissioned and accessed by both homelessness and children’s services, regardless of whose duty.

Strategies are being written across the Place between strategic partners, ensuring a co-ordinated response to rough sleeping, begging and anti-social behaviour, linking rough sleeping outreach and housing related support teams with Police and LA ASB Teams.

Provider meetings in place to discuss complex individuals who are causing ASB, known to be begging, homeless and in need of accommodation on a fortnightly basis.

Provider forum to be established to ensure true collaboration between accommodation and support providers, fostering a culture of prevention, finding an alternative to eviction.

Buy-in from social care (Focus) and Navigo (mental health services) to provide care assessments for complex individuals, and to train in homelessness and share experience with the homelessness sector and take their learning back to social care colleagues.

Chair of self-neglect and hoarding group has ensured housing has been given focus into the social care arena and ensured operational and high- risk meetings for rough sleepers have taken place and raised profile of rough sleeper and homelessness services.

Gaps in local service pathway (please list in priority order below):

Rough Sleeping Co-Ordinator and an outcome monitoring system:

The Co-ordinator role is essential to better understand who is rough sleeping as per the DLUHC definition and who is unstably housed so case discussions can be prioritised at the Provider Meetings which will then ensure provision is constantly monitored and gaps in services identified as the initiatives make headway in to numbers and the systems.

The Outcome Monitoring System will:

- Capture the level of unmet support needs in this population
- Capture client outcomes over time
- Monitor outcomes and needs for those with protected characteristics
- Ensure effective targeting of resources
- Inform commissioning decisions

Mental Health/Well-being

Navigo – have not historically collaborated with rough sleeper services. Need commissioners to factor this into future arrangements, developing a pathway in to service, and working with Substance Misuse Services (dual diagnosis). It is hoped working in the Complex Needs Hub with other Services, including substance misuse, may open up those conversations and lead to improved partnership working.

The Health and Well-being Service have expressed their interest in involvement and have a pathway in to mental health services. This Service works with people on a whole system well-being wheel, looking at specific areas a person may want to work on, in addition to their housing needs. They work in parallel with other support providers and are particularly working with people who have low-level mental health issues and look to improve health outcomes.

Sexual Health

Work required to include this service in the discussion of complex cases, some female rough sleepers/complex individuals involved in sex-work. Joining up more with health colleagues who use the medical room at the Hub and offering surgeries to this service.

Current Ratings:
Developing / established / embedded

2c: Looking to 2025: a summary statement

Please set out your ambition for over the next three years with a description of the envisioned service offers, systems and process in place by 2025.

The statement should include:

- Summarise key strengths and gaps in current pathway that are most critical
- High level description for your rough sleeping response, including services and outcomes for people sleeping rough/at risk by 2025

(max. 750 words)

Strengths

Working in partnership with our RSI funded partners has been invaluable in providing high quality support and emergency accommodation to rough sleepers.

On a fortnightly basis Harbour Place host a meeting of support and accommodation providers, Police, ASB Team, Probation and Home Options to consider the housing and support needs of individuals known to services and those in temporary accommodation with the Authority or in the night shelter. The Providers Meeting demonstrates the strength of embedded partnership practice in the area and the appetite to find the most appropriate solutions for those in need of services.

The relationship between social care, mental health and housing has been strengthened by the participation on the Safeguarding Adult Board neglect and hoarding sub-group chaired by the Home Options Manager. It has improved partnership working between housing services, enforcement teams, mental health services, both adult and children's social care and health, embedding housing back in to the wider social-care agenda.

We must build on the improved partnerships and willingness of services to work in collaboration not just to reduce rough sleeping but to prevent and relieve the homelessness of complex individuals who touch so many public, statutory and charitable services.

Gaps

The current pathway would benefit from a dedicated hub, assessing the housing and support needs of complex individuals requiring support to enable them to live independently, remain where they are or ensure appropriate and timely moves to more suitable accommodation can be facilitated prior to crisis. In addition, the Complex Needs Hub will offer daytime support and skills groups to equip individuals to maintain a tenancy, and engage in education employment and training.

We have secured agreement from Focus (Adult Social Care) and Navigo (mental health services), to base a practitioner in the Home Options Service to carry out assessments for anyone approaching as homeless who has complex needs and carry out outreach with Harbour Place.

To evaluate the outcomes of initiatives the Authority requires a system to provide us with the data showing distance travelled, social as well as housing outcomes. To ensure robust data collection and the maintenance of the system, the Authority requires a Rough Sleeping Co-ordinator to work alongside partners to oversee data collections and identify gaps in provision and chair the Provider Meetings.

Building on learning from social prescribing in local hubs, the hub will offer activities and social events and the health and well-being service can ensure people have access to sporting and fitness programmes. We need more peer-led support and intend to build on our substance misuse partner's model of employing and offering volunteering opportunities to those with lived experience.

Alongside this we will create a Homelessness Charter which will be hosted by a VCS partner so we can ensure all those wishing to volunteer with or donate to rough sleeper services can do so confidently, and can see the work that partners are doing in North East Lincolnshire and how they can contribute to that effort safely.

At the end of the programme, we will have a multi-disciplinary hub for complex individuals who can receive the necessary and timely assessments to enable them to continue to live independently. Prevention and Intervention are key to reducing rough sleeping along with a proactive outreach team to respond to reports of rough sleeping or street activity, with volunteers and those with lived experience. Our Housing Related Support providers will take over the support and there will be a natural progression to improve Health and Well-being and a move to personal resilience.
