



**01 February 2023**

**Agenda Item 7**

## **REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**

### **TAKING COLLECTIVE ACTION ON HOMELESSNESS AS A HEALTH AND WELLBEING BOARD PRIORITY**

#### **Purpose of the Report**

1. To provide feedback from the Nottinghamshire Health and Wellbeing Board workshop on 'Preventing Homelessness' held on 12 October 2022 (**Appendix 1**).
2. To propose a vision for the Board to adopt on homelessness: *To work together to ensure homelessness, in all its forms, is prevented wherever possible and to significantly improve health and wellbeing outcomes for those who experience it.*
3. To request that the Board provide strategic oversight to the Rough Sleeper Initiative including supporting its development to a sustainable embedded offer within the joint commissioning landscape.
4. To put forward a Framework for Action on Homelessness and Principles for Collaborative Working on Homelessness for the Board to consider endorsing.

#### **Information**

##### **Feedback from the Health and Wellbeing Board Workshop on Homelessness**

5. Homelessness is one of the nine priority areas of Nottinghamshire's joint Health and Wellbeing Strategy 2022-2026. On 12 October 2022 the Board held a workshop on preventing homelessness which brought together a range of strategic leaders, commissioners, and providers of homelessness related support, to consider how to best prevent people experiencing homelessness and enable those that do, to recover from homelessness.
6. The aims of the workshop were:
  - a) To contribute to the development of a Framework for Action with tangible and specific actions for partners to tackle homelessness – prioritising primary prevention, promoting inclusion health and embedding a trauma informed approach.

- b) To explore the impact of homelessness in Nottinghamshire and share local good practice in improving outcomes, including the Rough Sleeper Initiative.
  - c) To identify how all partners can work together to strengthen assets which can drive progress in tackling homelessness.
7. In addition to powerful testimony from individuals with lived experience, the Board heard from a range of partners from across the system. Collectively they presented the challenges alongside good practice from services commissioned through the Rough Sleeper Initiative that are already being delivered by partners in Nottinghamshire. The presentations highlighted the opportunity to strengthen this work by increasing strategic commitment to collaborative working, building relationships across the system, and identifying high impact strategic actions to strengthen delivery.
8. Workshop members were asked to explore three topics:
- a) *Prevention*: What collective actions can we identify to prevent homelessness before people are even put at risk?
  - b) *Recovery*: What actions do we need to take as a system to be ready to continue to support people when the current short term funding ends (including that available through the Rough Sleeper Initiative) in 2025?
  - c) *Principles*: What principles do we need to underpin a joined up transparent system that is delivering the right outcomes for individuals?
9. Detailed notes from the workshop are outlined in **Appendix 1**. The key reflections from the Board and invited participants were:
- The reaffirmation of the need for homelessness as a health and wellbeing priority.
  - The challenge of delivering upstream homelessness prevention and the need to build our collective momentum on this challenge.
  - The need to do more to understand the challenge including the levels of need upstream and the individuals that we are not seeing, the 'hidden homelessness'
  - That we will make most purchase with collective action and a real culture change around trauma informed practice.
  - That many in the system would benefit from further training and development opportunities around homelessness, duty to refer and trauma informed practice.
  - That we have levers in the system that we are not at present taking full advantage of including a wide range of frontline staff who are well placed to support this agenda if enabled.
  - Place Based Partnerships are excellent places to discuss multifaceted challenges such as homelessness to develop responses unique to the challenges in their geographies.

- Taking a trauma informed approach and valuing and embedding lived experience within our system will help to ensure the right outcomes and that the system flexes for individuals.

## Framework For Action

10. Following the workshop the draft Framework for Action was refreshed with further work undertaken with partners outside of the workshop. The proposed Framework for Action on Homeless for the Health and Wellbeing Board to consider is framed as 3 ambitions with key actions and commitments under these ambitions:

### a) **Ambition 1: To prevent more people from experiencing or being at risk of homelessness.**

- Action 1.1: We will work to identify those at greatest risk of homelessness and identify the critical opportunities to provide evidence based interventions to these individuals.  
*Commitment 1.1.1 Ensure that frontline health and social care staff are able to fulfil their duties under the Homelessness Reduction Act 2017.*  
*Commitment 1.1.2 Work across the health and social care system to track housing status and build our data and intelligence.*  
*Commitment 1.2.3. By the end of 2024 we will have defined some key interventions we can undertake as a system to prevent more people ever experiencing or being at risk of homelessness.*
- Action 1.2: We will ensure that no one leaves a Public Institution to the streets.  
*Commitment 1.2.1 By the end of 2024 all HWB organisations commit to undertake a Root Cause Analysis for each time where this occurs with the learning to be implemented across the system.*
- Action 1.3: Take oversight of the Rough Sleeper Initiative and maximise the opportunities to embed and develop its work.  
*Commitment 1.3.1 When rough sleeping occurs in Nottinghamshire it will be brief and non-recurrent.*

### b) **Ambition 2: To improve our collective response to people who are experiencing homelessness – especially those with severe and multiple needs.**

- Action 2.1: We will ensure that services are working more collaboratively – planning and delivering support for those who most need our support.  
*Commitment 2.1.1 Develop a strategic and operational multi-disciplinary team (MDT) in line with the Making Every Adult Matter (MEAM) Approach. This will enable collective risk holding, gathering of information regarding gaps in provision, identify opportunities for critical time interventions and develop a body of evidence for the impact of this way of working for the individuals and the system.*
- Action 2.2: We will improve the response to people experiencing homelessness in mainstream services.

*Commitment 2.2.1 Improve access across the system by developing Embedded Practitioner roles who can support the development of continual improvement plans.*

*Commitment 2.2.2 Identify opportunities to improve equity of access. For example building on best practice where we have successfully negotiated expedited access to provision for individuals to meet their needs and achieve good outcomes.*

- Action 2.3: We will develop our understanding of the effectiveness of our response for all groups of people experiencing homelessness.

*Commitment 2.3.1 Work with people with lived experience to understand how we can better enable their aspirations as a system.*

*Commitment 2.3.2 Create an effective feedback loop from frontline staff so we can share best practice and identify challenges.*

*Commitment 2.3.3 Work with communities to improve our understanding of hidden homelessness across Nottinghamshire and implement learning within service delivery and design.*

- Action 2.4: We will promote opportunities for people experiencing homelessness to improve their health and wellbeing.

*Commitment 2.4.1 Work with key services to promote health prevention and promotion activities to individuals experiencing homelessness.*

c) **Ambition 3: To work collaboratively to enable a joined up, sustainable, responsive and appropriately resourced system response to homelessness.**

- Action 3.1: We will develop our system approach to severe and multiple disadvantage – embedding homelessness as a key factor.

*Commitment 3.1.1: Develop our system response to trauma informed approaches.*

*Commitment 3.1.2: Increase our strategic collaboration across the Domestic Abuse Partnership Board and the Combating Substance Misuse Partnership.*

- Action 3.2: We will ensure that we enable the core components of an effective system that gives equitable access for homeless individuals delivering the right intervention, in the right place, at the right time.

*Commitment 3.2.1: Secure the appropriate level of strategic sponsorship to enable ambitions, actions and commitments.*

*Commitment 3.2.2: Reduce our reliance on short term funded programmes and pilots by identifying opportunities for sustainable systems change.*

## **Principles for Collaborative Working on Homelessness**

11. The proposed principles to underpin collaborative working on homelessness were also refreshed following the workshop and are reflected both within the Framework for Action (e.g. 3.1.1. develop our system response to taking a trauma informed approach) and as standalone principles outlined below.
12. It is proposed that these principles will be key in guiding partners in developing the robust implementation plan which will follow from the Framework for Action on Homelessness.

- a) **Rough sleeping must end for good:** No one in our society should have to suffer the injustice of living a life on the streets, deprived of shelter, warmth and basic necessities. As a local system we have the tools, skills and knowledge to ensure that where rough sleeping does occur it is brief and non-recurring.
- b) **Prevention matters:** As a system we can collectively make an impact on preventing homelessness in all its forms. Responding to the acute needs of individuals to support their recovery from homelessness is a priority. However, only by moving further towards prevention will we ensure that no one has to experience homelessness. We will move our response upstream, responding to new and emerging evidence and local good practice. To do this we must develop a better understanding of what is happening for our population and ways to surface the need.
- c) **Building blocks of health:** Meeting the health and care needs of an individual enables them to secure and sustain housing. Without housing, individuals are unlikely to be able to have all of their health and care needs met. Therefore we recognise that homelessness is not just a housing issue. Homelessness is not just a health issue. Without both good housing and good health people will not thrive. Working in step together we can put these building blocks in place.
- d) **Equity of access:** To achieve good health and wellbeing outcomes for people who are homeless we must surface and address any structural barriers within our current system. We are beginning to understand where these blockages are, and we can develop a case for change.
- e) **Lived experience:** Valuing and embedding the voice of people with lived experience of homelessness will create better outcomes within the system. We have invested in developing and strengthening our co-production approaches. Ensuring people's reflections are truly acted on will keep us all moving in the right direction. It will also help us to develop our understanding of 'what homelessness looks like' so we can recognise and respond to all forms of homelessness in all communities. We must go further in understanding hidden homelessness and whether our offer is right for all of our citizens.
- f) **Trauma informed:** We recognise that people's behaviour and engagement with services is influenced by their traumatic experiences, socioeconomic circumstances and previous experiences of services. Therefore we must be trauma informed in our planning and delivery. We have good local experience on trauma informed practice and have committed to building on this.
- g) **Strengths based:** In order to ensure everyone is able to achieve their potential we must embed shared decision making, building self-reliance and using strengths-based approaches to care. When we give people space to reflect on their strengths and empower them to realise these strengths, we know that they can thrive within their local communities.

## **Rough Sleeper Initiative**

13. The Rough Sleeper Initiative (RSI) 2022-2025 is a multi-year government grant allocation received by Nottinghamshire's' district and borough councils as local housing authorities (LHAs). It provides funding to reduce the number of people sleeping rough and enhance services for those at risk of sleeping rough. The LHAs across Nottinghamshire have recently been successful in receiving funding for the RSI 2022-25 with the aim of providing a programme of services to reducing rough sleeping across the county.

14. In the recently published Ending Rough Sleeping for Good strategy (2022) the government is clear 'we will have ended rough sleeping when it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent'.<sup>1</sup> By taking the strategic oversight for RSI the Health and Wellbeing Board will be well placed to support this ambition across the local system.

### **Reason/s for Recommendation/s**

15. The Health and Wellbeing Board recognise that homelessness is a key priority in Nottinghamshire and partners are well placed to improve outcomes around homelessness.

### **Other Options Considered:**

16. Homelessness is a Health and Wellbeing Board priority contained within the Joint Health and Wellbeing Board strategy 2022-26 and therefore action is required, so no other options were considered.

### **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

18. There are no direct financial implications arising from this report. The report does propose (paragraphs 13 & 14) that the Health and Wellbeing Board take strategic oversight of the Rough Sleeping Initiative, however this fund is received by local housing authorities (district and borough councils).

### **RECOMMENDATIONS:**

19. The Health and Wellbeing Board is asked:

- a) To approve and adopt the vision: *To work together to ensure homelessness, in all its forms, is prevented wherever possible and to significantly improve health and wellbeing outcomes for those who experience it.*
  
- b) To commit the Health and Wellbeing Board to providing strategic oversight to the Rough Sleeper Initiative including supporting its development to a sustainable embedded offer within the joint commissioning landscape.

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<sup>1</sup> Department for Levelling Up, Housing and Communities, *Ending Rough Sleeping for Good (2022)* [Ending Rough Sleeping for Good \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- c) To adopt the Framework for Action for Tackling Homelessness and Principles for Collaborative Working on Homelessness and commit to their ongoing development including a jointly developed implementation plan.
- d) To receive a paper including an implementation plan developed from the Framework for Action alongside an overview of progress, challenges and successes to the Health and Wellbeing Board in July 2023.

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**Constitutional Comments (CEH 23/01/23)**

19. The Health and Wellbeing Board has the remit to consider the report and recommendations.

**Financial Comments (DG 20/01/23)**

20. There are no direct financial implications arising from this report.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Nottinghamshire Health & wellbeing Board workshop briefing paper (12 October 2022)

**Electoral Division(s) and Member(s) Affected**

- All