**Appendix 1: Summary of the Homelessness Health and Wellbeing Board Workshop 12 October 2022**

On 12 October 2022 the Health and Wellbeing Board held a workshop on tackling homelessness. The intended outcomes for the workshop were to have:

- Consensus on shared principles and a draft Framework for Action which can be developed further before approval at a future Health and Wellbeing Board meeting.

- Commitment that the Health and Wellbeing Board provide strategic oversight to the Rough Sleeper Initiative including supporting its development to a sustainable embedded offer within the joint commissioning landscape.

Homelessness Workshop Objectives

Dawn Jenkin, Consultant in Public Health at Nottinghamshire County Council outlined the objectives of the workshop:

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.

Dawn gave an overview of homelessness and reminded the workshop that the visible part that we traditionally consider when we think of homelessness (e.g. rough sleeping) is only the tip of the iceberg. It is often this visible aspect which gains the most attention, action and funding. She likened this approach to rescuing a drowning victim from a river, responding to the immediate crisis in front of us. Whilst we must respond to the crisis, she challenged the system to consider the reasons the person has ended up drowning in the river and what we could do as a system to prevent this. Dawn highlighted the need to plan, fund and deliver initiatives to support those experiencing homelessness and rough sleeping. But when acting only here, there has already been considerable harm to mental and physical wellbeing.

Lived Experience provided by Framework Housing Association

Participants were given the opportunity to reflect on the experiences of an individual who had been in contact with Rough Sleeper Initiative services and who had generously agreed to share his story in order to support reflection and learning.

Local Good Practice Examples:

**Niki Dolan**, Nottinghamshire Rough Sleeper Co-ordinator gave a presentation on the Rough Sleeper Initiative. Highlighting its impact Niki reported that across Nottinghamshire since 2019 – there has been a 35.4% decrease in rough sleepers on a 'typical' night in Nottinghamshire from 2017-2020. He outlined some of the structural and individual factors that contribute to rough

sleeping. Individual factors included relationship breakdown, experience of violence/abuse/neglect, substance misuse, bereavement and experience of care/prison/asylum systems. Structural factors included poverty, housing supply, housing affordability and unemployment. Niki provided a high level overview of the services commissioned through RSI and some of their intended outcomes.

**Naomi Robinson,** Joint Commissioning Manager at Nottingham, and Nottinghamshire ICB gave a presentation on homeless health in Nottinghamshire. She provided an oversight of some of the physical health needs of some of those who experience homelessness. These included: poor diet, high levels of stress, substance dependence, 'accelerated ageing', complex mental health issues, history of trauma, difficulty maintaining personal hygiene, respiratory and complex wound care. The challenges in accessing and maintaining a positive relationship with health provision was discussed including barriers such as stigma, no reliable contact information for follow ups, leading to high rates of 'failed' appointments. Naomi outlined the impact that Street Health teams have made for individuals by providing a model which includes assertive outreach – delivering healthcare 'where the person is at' whether this be in a soup kitchen, a hostel or on the street.

**Mallory Seddon,** Engagement and Development Officer at Mansfield District Council presented the work that has been undertaken in Mansfield around 1st Steps which is a Housing led project working within the principles of Housing First, an evidenced based intervention. She reflected on the core ways of working that made the scheme so different these included: separation of housing and treatment, flexible support for as long as required, active engagement without coercion and choice and control for service users. Mallory presented a video which articulated the impact that the scheme had on Mansfield and some of the life changing outcomes that it had delivered for individuals.

Principles and Framework for Action

Catherine O'Byrne, Senior Public Health and Commissioning Manager at Nottinghamshire County Council presented an initial draft of a high level framework for action for discussion. She broke down proposals into actions around prevention, recovery and joined up transparent system and posed questions to the workshop for joint discussion.

Group Discussions

After the presentations 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 should we be working to in order to create a joined up transparent system that is delivering the right outcomes for individuals?

Feedback from group discussions:

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| *Prevention*: What collective actions can we identify to prevent homelessness before people are even put at risk? | Primary Prevention<br>• Place Based Partnerships are all looking at action plans or ways their partnership could support people effected by the cost-of-living crisis. Bassetlaw PBP mentioned they are working on a 'fragility map' to identify areas or households at risk.<br>• There are a lot of offers to help and support, this is difficult to stay on top of and signpost people to do when you are in 'time poor' professions like GPs. There was lots of support for the role of social prescribers helping to join the dots with support and between wider support roles.<br>• Reflected that primary prevention offer looks very different depending on the present individual needs – those with lower risk additional disadvantage might cope well with simple signposting or brief intervention from social prescribers but those with high risks will need the support of specialist services.<br>• Role for health in flagging and 'referring' people at risk of housing problems to the right place.<br>• Support for the benefit of housing assessments that are completed with full health and care information, but data sharing needs to be made much easier – they are very lengthy forms and do not allow for multi-professional discussion about complex issues. Information is provided to a non-clinical person for assessment.<br>• The group talked about the homelessness duty on prevention, focus being on accommodating quickly – are the options suitable for the person though?<br><br>Secondary Prevention<br>• Lots of talk about the potential for Place Based Partnerships to support multi-agency risk assessment and joint plans between primary care and specialist services e.g. a bit like frailty and anticipatory care models.<br>• Keen to rethink the approach to the Primary Care Severe and Multiple Disadvantage Locally Enhanced Service (SMD LES) does this work e.g. having a contract with each individual practice – would it be better to have a Primary Care Network contract and enable Practices to work together in their response to the cohort?<br>• Concern that there isn't a structure around identifying risks and discussing jointly with other agencies – who in the system is 'digging' into these multiple issues and coordinating help?<br>• Learning and using what we already know, what has worked before for prevention and stopping people "jumping in the river" in the first place. Did the Homeless Prevention Service work and offer prevention? Did the local authorities understand when prevention was achieved as they didn't enter the "system"?<br>• Where are the key points in the system, we can get the message of what is available across the county which we, are we providing the right information in the places like food banks, food clubs, warm spaces and advice centres. |

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| | • Often people don't think about prevention, or that they could be at risk of homelessness until it becomes a crisis point, often stigma around needing help and support.<br>• Training needs to be provided to services about what the pathways are and what expectations should be of what services can provide. For example, housing services often expect social care have all the answers around a case and social care will expect housing to resolve issues and concerns.<br>• Duty to refer does help with some of the prevention work however this does always happen in a timely manner, this often places pressure on housing options teams to be placed to be more reactive than preventative.<br>• Commitment from government to stop No Fixed Abode prison releases for example is ambitious but will have to be resourced effectively for this to happen.<br>• Prevention needs to be recognised across the whole system, prevention will be different within Domestic Abuse services and Substance Misuse services versus cost of living and affordability concerns.<br>• Commissioning and strategic thinking don't often line up as well as it could, if we could get this line up to a much for co-production style approach this would help minimise gaps in provision, join up interventions and move away silo working.<br>• Use the wellbeing strategy as a driver to refresh the county homeless strategies and line up thinking on how prevention can be achieved jointly. Having this upstream approach to influence strategy will be best placed to deliver on prevention outcomes collectively.<br>• Utilise empty accommodation to provide enough housing stock so demand on short term temp accommodation and housing lists are reduced.<br>• Need to build trust in communities so people will ask for help and support and for cultural aspects to be considered when looking to provide advice and support. |
| *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? | • Better discharge system based on whole holistic assessment, not just fast discharge.<br>• Challenging strategic stereotypes and ensuring that homelessness is 'everyone's business'.<br>• Map service users' journeys to understand how we can make more effective early intervention.<br>• Develop a strategic multidisciplinary team model to see the system through individual's eyes and enable changes to make the system fit the cohort not the other way around.<br>• Prevention whilst people are still in tenancies using the Healthy Homes Hub, social prescribers, and discharge teams.<br>• Collectively review training for homeless officers to look ensure preventative measures are consistently applied. |

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| | • Review duty to refer system training to enable an earlier alert from professionals.<br>• Housing needs a better understanding of the Health system and their support services, training and vice versa<br>• Explore how we can support joint funding between health and housing for individuals. |
| *Principles:* What principles should we be working to in order to create a joined up transparent system that is delivering the right outcomes for individuals? | • Link equity and fairness as a principle – further clarity and understanding on how they are different to support a stronger Principle being put forward.<br>• There needs to be a principle on awareness – about looking deeper – we can see what is on the surface - need to look harder to identify<br>• What is missing is the "searching for the problem". How do we do it? How do we go and find those who are in need of the service? We need to look under the surface of the water before we can intervene at all or talk about prevention |

Summary of Key Ideas from the discussion

1. Training and development sharing to understand what prevention is, making every contact matter and sharing resources.
2. Link in prevention and wider Health & Wellbeing strategy with the review of the homeless strategies across Nottinghamshire.
3. Line up commissioning streams to create a system wide approach.
4. Review and map all places of potential prevention contact and provide consistent up to date information.
5. Further discussion to be held around community champions who can provide a prevention message from a trusted person.
6. An addition to Principles with a focus on the action being taken to identify the missing individuals who are not receiving support or very limited support through services.
7. Further workforce Continuing Professional Development (CPD) opportunities to be developed to broaden knowledge on implications of wider system impacts.
8. Joint strategies to be developed along with joint funding which will enhance knowledge of support while providing services for support.
9. Change of culture mind shift is needed to enable our collective approach to work the best was to achieve this is to focus on trauma informed practice.
10. We must change the system to fit the cohort instead of an individual having to fit into the system. We need integrated path development with lived experience at its heart.

Next Steps

Dawn Jenkin, Consultant in Public Health at Nottinghamshire County Council outlined the next steps which were to bring a write up of the workshop alongside a Framework for Action to the Health and Wellbeing Board for sign off in February 2023.