**Health & Wellbeing Board Stakeholder Network Event**

**Homelessness, 10th November 2014**

Approximately 60 people attended the event, which was hosted by Dr Chris Kenny, Director of Public Health, on behalf of Cllr. Joyce Bosnjak, Chair of the Nottinghamshire Health & Wellbeing Board. Local authorities were well represented, as well as the NHS, Healthwatch, Nottingham University, the probation service and a range of voluntary and private sector organisations.

The audience heard the following presentations:

* Helen Mathie, Head of Policy at Homeless Link, gave a national picture of homelessness and described trends, in the context of the current legal framework and policy direction
* Dr Stephen Willott, GP in Nottingham and at the Friary Drop In service, and Clinical Lead for alcohol and drug misuse, spoke about the health issues that homelessness people face and the barriers they face in accessing health care
* Philip Oldfield and Leanne Monger, Housing Managers at Mansfield DC and Newark & Sherwood DC, outlined local responsibilities and current statistics relating to homelessness and described local examples of good practice in preventing homelessness and addressing needs
* Annie Sands gave a powerful personal account of her experiences of becoming homeless and asked stakeholders to work together to prevent and resolve homelessness.

The presentations were followed by table discussions about what could be done locally to:

* Prevent homelessness
* Improve outcomes for homeless people
* Optimise early intervention for newly homeless people

Themes from the table discussions were:

**Funding**

Stakeholders need to understand the impact of the Care Act. Is limited funding split effectively between statutory and non-statutory support, between upper and lower tier authorities, between prevention and crisis services. Could resources be pooled? There was also a suggestion that funding reductions may be a barrier to partnership working.

**Services and good practice**

There are lots of examples of good practice and services available to help but they aren’t universally available or universally known about. There are also implications for city/county boundaries and requests were made for a comprehensive directory of available support.

It was suggested that an initiative could be developed using the compassionate communities/Dementia Friends models.

**Working together**

There is a need for multi-agency joined-up working and a suggestion made that a hub could be established, similar to the Multi-Agency Safeguarding Hub (MASH) to share information & coordinate services for those most at risk. Other suggestions: a one-stop shop model; drugs & alcohol with mental health support (accessibility for people with dual diagnosis); personal coordinated networks of support and a review of locality work against countywide initiatives.

Increased awareness and identification of those at risk by schools & colleges, hospitals, prisons was also raised.

It was suggested that a charter for the homeless could be agreed across partners to establish minimum standards for access to healthcare, housing advice and support.

**Training**

Training needs of staff dealing with people affected by homelessness was highlighted in particular the complexity of causes of homelessness, barriers to accessing services, empathy and compassion, mental health awareness. There is a range of frontline staff who may come across people who may be, or are at risk of becoming, homeless for example GP surgery staff, community pharmacy, A&E, Department of Work and Pensions, rent recovery, debt agencies, local authority customer services and prison services. Learning from previous cases also needs to be encouraged and shared. The Red Cross currently offer training. Health services need to be more flexible around appointments

**Supply of affordable housing**

Issues include; scarcity of suitable temporary accommodation; spare room rental schemes; private tenancy support; discretionary payments for rent/benefits gap. There also needs to be support to sustain tenancies with initial intensive support including job hunting and budgeting.

**At risk groups**

Risk factors and needs of specific groups were highlighted ie young people leaving care or losing family support, veterans, prisoners and ex-offenders, people experiencing domestic violence and people bereaved by suicide

**Early intervention**

Services need to work together before people leave care/hospital/prison/armed forces. Services also need to intervene earlier to prevent spirals of debt from benefit cuts, rent arrears, bailiffs etc.; need to understand the impact of Universal credit lump sum payments.

Further suggestions were made including developing landlord/tenant and family mediation and independent living skills and offering relationship education in schools.

**Next steps**

The themes and suggestions from this event will be fed back to the Health and Wellbeing Board and will also be submitted for consideration by partners working to deliver this element of the Health and Wellbeing Strategy e.g. Strategic Housing Group.