



Ministry of Housing,
Communities &
Local Government

Improving health and wellbeing through action to end rough sleeping and homelessness

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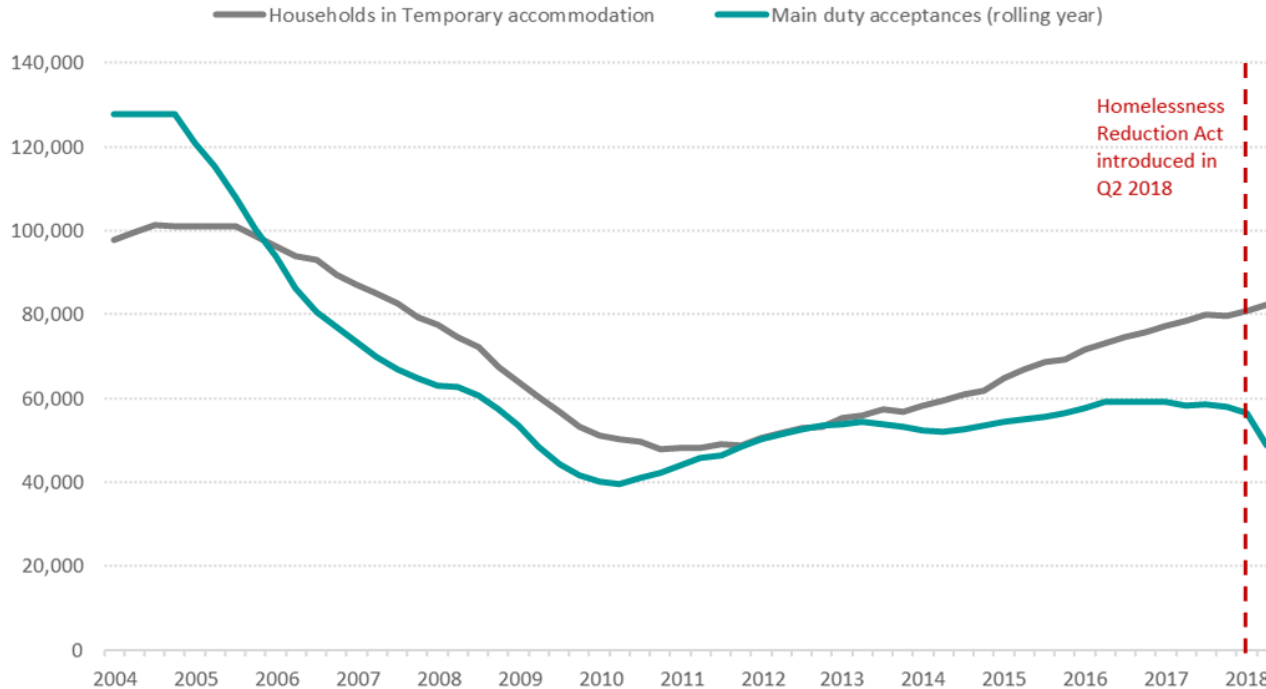
Homelessness and Rough Sleeping Strategy, MHCLG



Trends in homelessness

The Homelessness Reduction Act was introduced in a context of rising acceptances and numbers of households in temporary accommodation.

The number of households accepted as homeless and in temporary accommodation, Q1 2004 to Q2 2018



- Between the 3rd April and 30th June 2018, **58,660** households were owed a new statutory homeless duty.
- On 30 June 2018, the total number of households in temporary accommodation arranged by local authorities under homelessness legislation was **82,310**;
- **6,890** households living in bed and breakfast (B&B) accommodation

The introduction of new duties through the Homelessness Reduction Act has changed the route for households to be owed a main duty. From April 3rd 2018 there is now a minimum 56 days from approach to being owed a main homelessness duty.

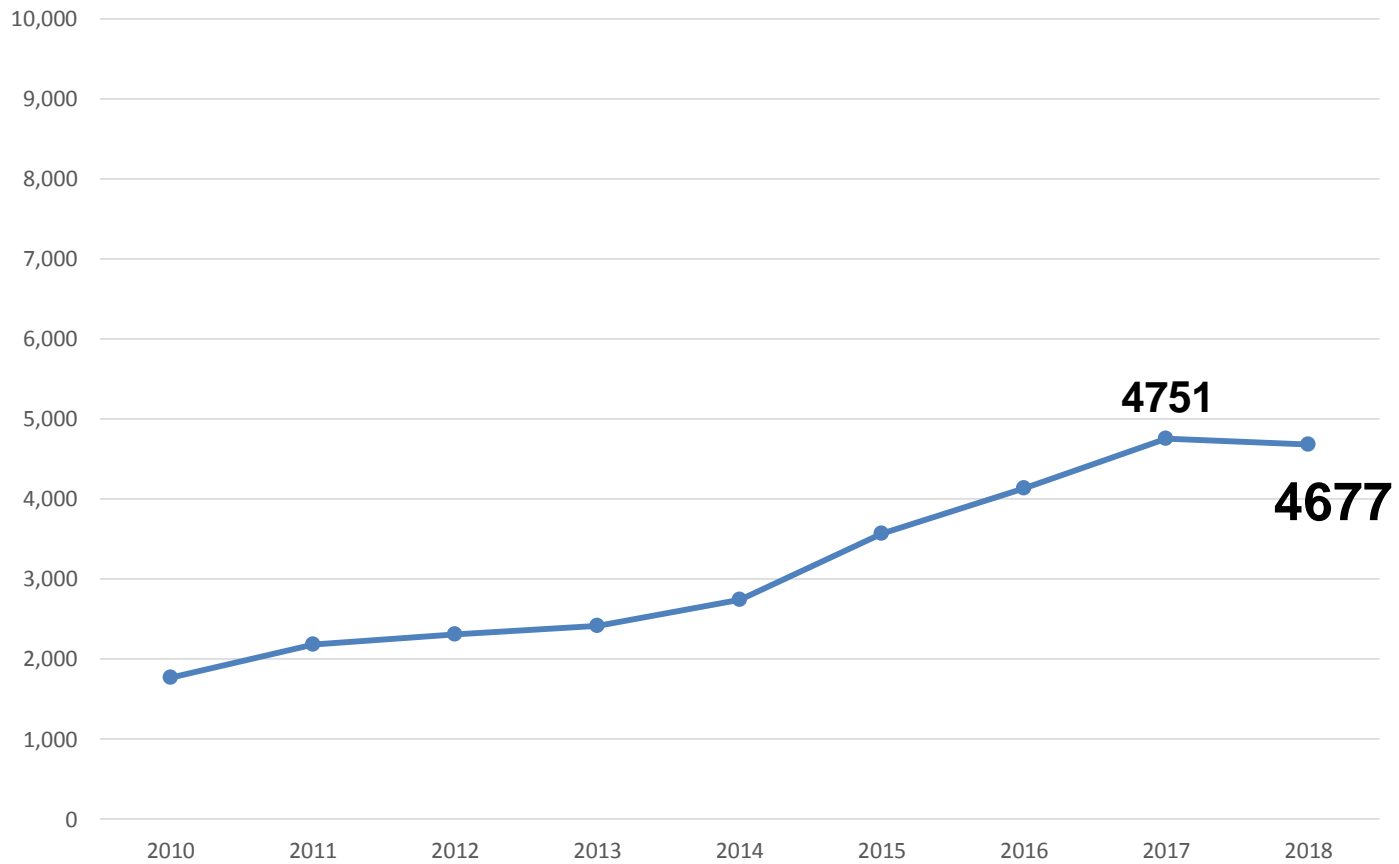
Since 2010 the total number of households in temporary accommodation arranged by local authorities under homelessness legislation has risen significantly



Scale of Rough Sleeping

Recognition across government of the scale of the problem

Rough sleepers in England on a single night in autumn





£2 billion of
new funding for
housing associations
for a long-term pilot

**Lifting Housing
Revenue Account
borrowing caps** so
local authorities can
deliver a new
generation of council
housing



More than £15bn
of new financial
support over the next
five years, taking total
financial support to
more than **£44bn**
to 2022/2023.

**Planning
reforms** to
ensure more land
is available for
housing

Launching Homes England,
bringing together money, expertise,
planning and compulsory purchase
powers



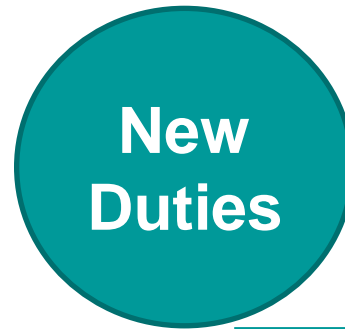
Homelessness Reduction Act

Shifts local authority approach to homelessness from crisis intervention to prevention, ensuring more people are entitled to help

Expanded advice and information duty – Available to all residents regardless of eligibility.

Relief duty irrespective of ‘priority need’ or ‘intentional homelessness’.

Prevention duty - irrespective of ‘local connection’, ‘priority need’ or ‘intentional homelessness’.



Duty to refer

Hospitals *in their function of providing inpatient care.*

A&E and urgent care centre's

Supporting local authorities to deliver

- The Homelessness Advice and Support Team (HAST) - a team of experienced homelessness practitioners have seconded into MHCLG until 2020.
- HAST advisors are in a position to offer tailored advice and support to local authorities on best practice for preventing homelessness and implementing the Act.
- Local authorities received an additional **£72.7 million** to carry out the new duties in the Act.



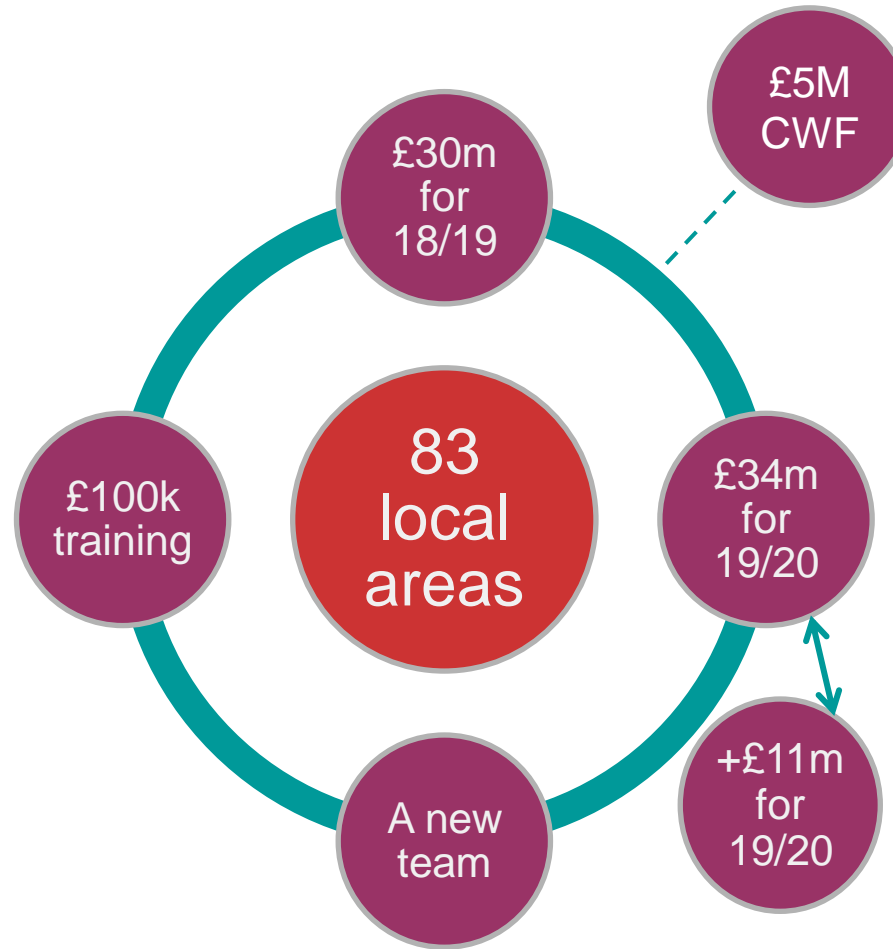
The Act represents a major shift in practice, organisation, and culture which will take some time to bed in. Some areas are facing delivery challenges

- Some authorities in high demand areas are reporting that the administrative burden of the Act combined with new case management systems and the requirements of reporting H-CLIC data are challenging
- Footfall has not increased significantly in most authorities but associated casework has, with more duties owed and cases held open longer for prevention and relief work
- Some LAS reporting increase in TA, partly due to improved assessment and offer for single people, but also because the strong focus on delivering the HRA has led to less resource in the short term going into management of TA



Rough Sleeping Initiative

Helping people now



18/19: £30m allocated to 83 local areas with high levels of rough sleeping to develop and enhance local interventions immediately

£100k fund which supported and equipped frontline staff with the right skills and knowledge to work with vulnerable rough sleepers

Measures from other departments to support the varied challenges that people sleeping rough face

A multidisciplinary team with homelessness and rough sleeping experts and specialists on areas such as **physical and mental health**, substance misuse, prisons and welfare.

19/20: a further £45m for areas to help those on the streets now £34m has been provisionally allocated to the 83 areas



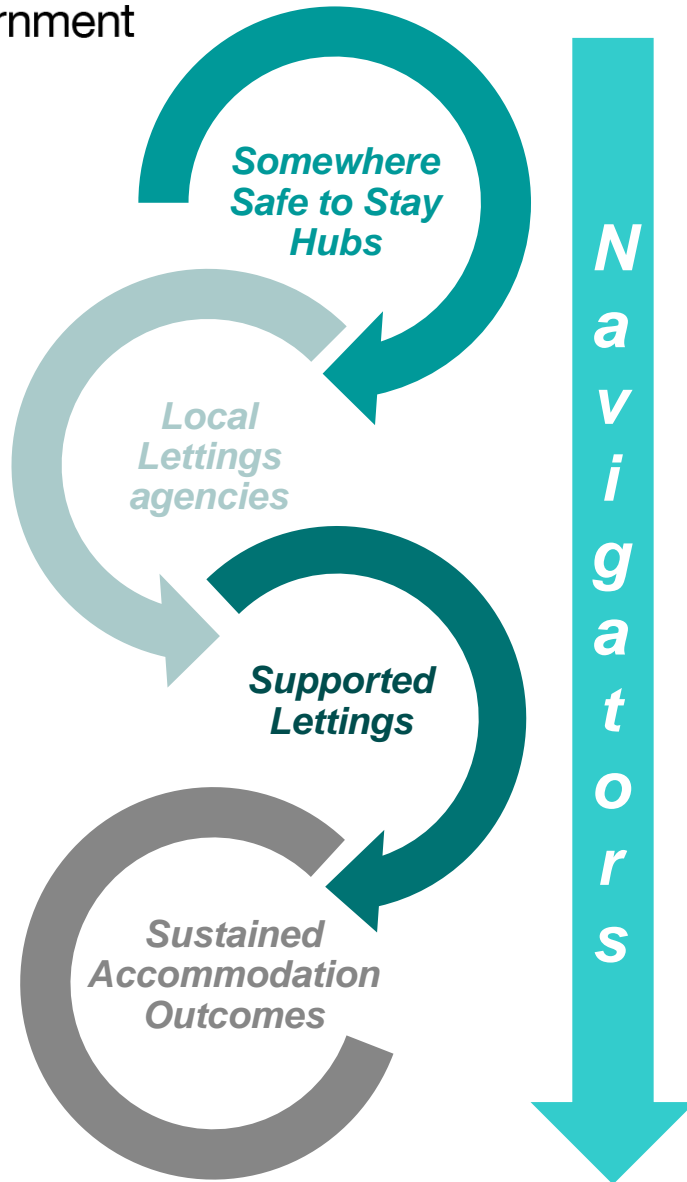
To achieve our vision of a country where no one needs to sleep rough by 2027 we need to go further, through a cross-government rough sleeping strategy

PREVENT

INTERVENE

RECOVER

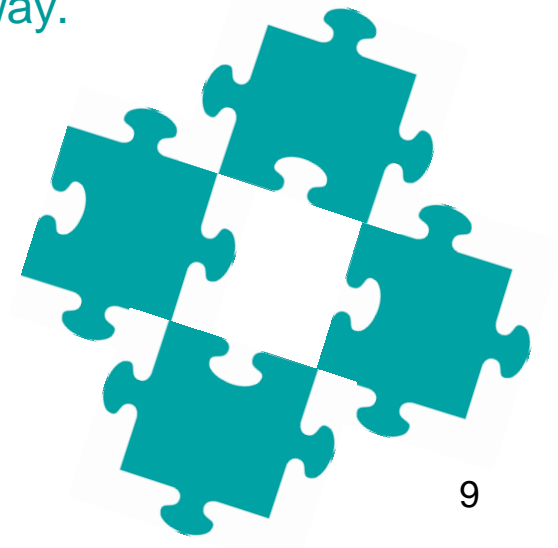
- Ambitious package with £100 million over the next two years;
- Built around three core pillars:
 - preventing rough sleeping before it happens,
 - intervening at crisis points, and
 - helping people to recover with flexible support that meets their needs.
- Includes a shift to a rapid rehousing approach for people at crisis points to be supported into homes, appropriate to their needs.
- Committed to annual public updates to:
 - highlight progress; and
 - identify new cross-government contributions to reduce rough sleeping;



A Rapid Rehousing Approach

Creating systems change in the sector and forming a pathway for rough sleepers from the street into settled accommodation.

Many areas already have elements of this operating , but our new funding will fill gaps and bring the pathway together in a strategic way.





Cross-Government Response

Commitments from OGDs

Ministry of Justice

- Offender accommodation pilots in 3 prisons
- Increased accountability for prison Governors and Community Rehabilitation Companies

Department for Work and Pensions

- Homelessness experts for every Jobcentre Plus
- Improving guidance and best practice sharing for work coaches and external stakeholders
- Exploring how welfare works for Housing First

Home Office

- Targeted immigration casework support
- A national point of contact for assistance with immigration status
- Exploring links between modern slavery and rough sleeping

Department for Education

- Additional support for care leavers at risk of rough sleeping

Department for Culture, Media and Sport

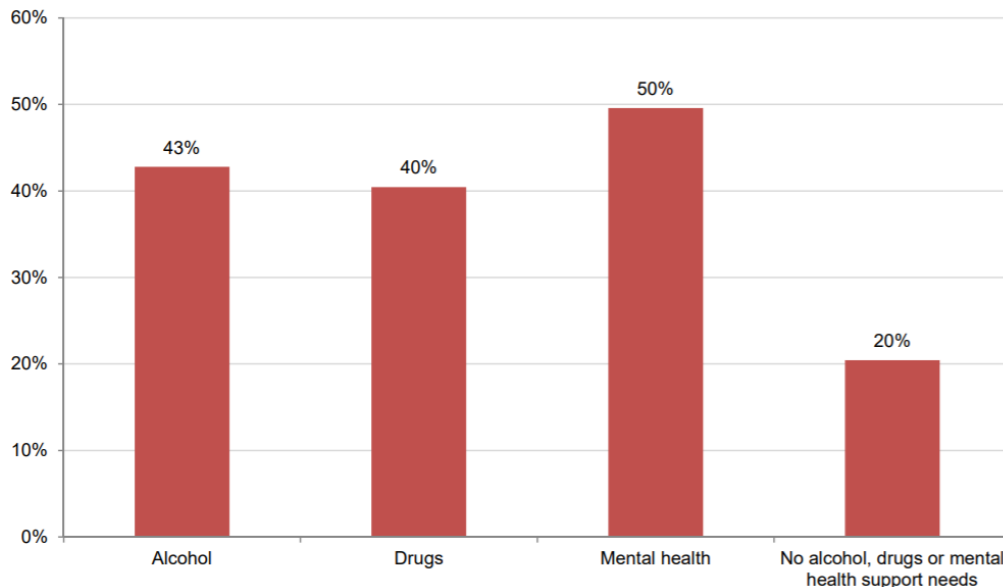
- Expanding the social finance market including SIBs
- Working with dormant assets to provide housing for vulnerable people



Health and Homelessness

A complex issue

- Of the **58,660** households who were owed a homelessness duty between the 3rd April and 30th June 2018, **27,580** households were identified as having support needs
- The **most common support need identified was a history of mental health** problems which was reported by **12,700** of households with support needs.
- The **second largest group was those with physical ill health or disability**, identified by **8,190** households.
- Recent ONS data estimated **32%** of rough sleeper deaths in 2017 were estimated to be due to drug poisoning - **10%** were estimated to be due to alcohol-specific causes.



- The annual release of CHAIN data (2017/18) showed that **77%** of the rough sleepers whose support needs were assessed had at least one of **alcohol, drugs or mental health** support needs.



Our ambition is ensure that:

- Ill-health does not contribute to homelessness
- Homelessness does not prevent access to health services of equal quality to others, and impact of homelessness on health minimised
- Ill-health doesn't prevent people moving on from homelessness, or sustaining a settled lifestyle

Health advisers role:

- Supporting the Rough Sleeping Initiative to deliver reduction in rough sleeping
- Enabling integrated approaches to homes, health and care

In practice:

- Proactive support to localities e.g, facilitating partnerships
- Informing local support on offer from elsewhere in system eg, PHE
- Informing MHCLG funding e.g, Rapid Rehousing Pathway navigators



- ❖ **Rapid audit of health services available to rough sleepers in the 83 RSI areas**
- ❖ **Up to £2m to test models of service delivery to see if local services can be delivered more effectively,**
- ❖ **NHS England has committed £30m of funding to rough sleeping over the next five years,**
- ❖ **Supporting Safeguarding Adult Boards to complete reviews in cases of abuse, neglect and death**



- ❖ **Working with NHS Digital to test ways of including a person's housing status in new NHS data collection to inform future policy and commissioning of services for people who are homeless**
- ❖ **Working with PHE, the LGA and ADPH to support Health and Wellbeing Boards to recognise and respond to the health needs of people who sleep rough**
- ❖ **Commissioned NICE to produce guidance to support targeted homelessness prevention, integrated care and recovery**
- ❖ **Will promote the findings of research being funded to inform ways of working in the delivery of hospital discharge and primary care services, due for publication in 2019**
- ❖ **Published guidance on care for homeless people at the end of their lives**



We know that in order to achieve the manifesto commitment, we will need to flex our approach to respond to emerging priorities. This will include:

- Working closely with the Home Office to focus on the rise in EEA nationals sleeping rough, a particular challenge in London.
- Focusing on safety on the streets, particularly how we tackle street activity such as exploitation, begging and sex work.
- Ensuring we have the necessary funding certainty through the upcoming Spending Review to deliver this critical commitment, including considering the role of Social Impact Bonds and outcome-based payments.
- Continuing to build our evidence base, test different approaches, and build on the lessons learned from our interventions.