

Wellbeing Policy Development Panel

Agenda

Members of the Panel

Cllr S M Prutton (Chairman)	Cllr E Laming
Cllr M L Murrell (Vice-Chairman)	Cllr J A Neesam
Cllr A D Crotch	Cllr C E Ryman-Tubb
Cllr R R Foulger	Cllr N C Shaw
Cllr N J Harpley	Cllr L A Starling
Cllr L H Hemsall	

Cllr F Wymark (ex-officio)

Date & Time:

Wednesday 2 February 2022 at 6pm

Place:

Council Chamber, Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich, NR7 0DU

Contact:

Leah Arthurton tel (01508) 533610 Email: committee.services@broadland.gov.uk
Website: www.southnorfolkandbroadland.gov.uk

PUBLIC ATTENDANCE:

If a member of the public would like to observe the meeting in person or to speak on an agenda item, please email your request to committee.services@broadland.gov.uk, no later than 5.00pm Friday 28 January 2022. Please see further guidance on the options for public speaking at page 2 of this agenda.

Large print version can be made available

If you have any special requirements in order to attend this meeting, please let us know in advance.

Rules on Public Speaking

All public speakers are required to register a request to speak at public meetings by the date / time stipulated on the relevant agenda. Requests should be sent to:
committee.services@broadland.gov.uk

Public speaking can take place:

- Through a written representation (which will be read out at the meeting)
- In person at the Council offices

Please note that the Council cannot guarantee the number of places available for public attendance, but we will endeavour to meet all requests.

All those attending the meeting in person are invited to sign in on the QR code for the building and promptly arrive at, and leave the venue. Hand sanitiser are provided, and you are invited to observe social distancing. Further guidance on what to do on arrival will follow once your request to attend or speak has been accepted.

AGENDA

- 1. To receive declarations of interest from members;**
(guidance and flow chart attached – page 4)
- 2. To report apologies for absence and to identify substitute members;**
- 3. To confirm the minutes of the meeting held on 6 October 2021**
(minutes attached – page 6)
- 4. Rough Sleeper Strategy;** (report attached page 11)
- 5. Health and Wellbeing Approach:** (report attached page 41)

DECLARATIONS OF INTEREST AT MEETINGS

When declaring an interest at a meeting Members are asked to indicate whether their interest in the matter is pecuniary, or if the matter relates to, or affects a pecuniary interest they have, or if it is another type of interest. Members are required to identify the nature of the interest and the agenda item to which it relates. In the case of other interests, the member may speak and vote. If it is a pecuniary interest, the member must withdraw from the meeting when it is discussed. If it affects or relates to a pecuniary interest the member has, they have the right to make representations to the meeting as a member of the public but must then withdraw from the meeting. Members are also requested when appropriate to make any declarations under the Code of Practice on Planning and Judicial matters.

<p>Have you declared the interest in the register of interests as a pecuniary interest? If Yes, you will need to withdraw from the room when it is discussed.</p>
<p>Does the interest directly:</p> <ol style="list-style-type: none"> 1. affect yours, or your spouse / partner's financial position? 2. relate to the determining of any approval, consent, licence, permission or registration in relation to you or your spouse / partner? 3. Relate to a contract you, or your spouse / partner have with the Council 4. Affect land you or your spouse / partner own 5. Affect a company that you or your partner own, or have a shareholding in <p>If the answer is "yes" to any of the above, it is likely to be pecuniary.</p> <p>Please refer to the guidance given on declaring pecuniary interests in the register of interest forms. If you have a pecuniary interest, you will need to inform the meeting and then withdraw from the room when it is discussed. If it has not been previously declared, you will also need to notify the Monitoring Officer within 28 days.</p>
<p>Does the interest indirectly affect or relate any pecuniary interest you have already declared, or an interest you have identified at 1-5 above?</p> <p>If yes, you need to inform the meeting. When it is discussed, you will have the right to make representations to the meeting as a member of the public, but you should not partake in general discussion or vote.</p>
<p>Is the interest not related to any of the above? If so, it is likely to be an other interest. You will need to declare the interest, but may participate in discussion and voting on the item.</p>
<p>Have you made any statements or undertaken any actions that would indicate that you have a closed mind on a matter under discussion? If so, you may be predetermined on the issue; you will need to inform the meeting, and when it is discussed, you will have the right to make representations to the meeting as a member of the public, but must then withdraw from the meeting.</p>

**FOR GUIDANCE REFER TO THE FLOWCHART OVERLEAF.
PLEASE REFER ANY QUERIES TO THE MONITORING OFFICER IN THE FIRST
INSTANCE**

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



Agenda Item 3

WELLBEING POLICY DEVELOPMENT PANEL

Minutes of a meeting of the Wellbeing Policy Development Panel of Broadland District Council, held on Wednesday 6 October 2021 at 6pm at Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich.

Committee Members Present: Councillors: S Prutton (Chairman), A Crotch, J Neesam, C Ryman-Tubb and N Shaw

Other Members present: Councillor F Whymark (ex officio)

Officers in Attendance: The Assistant Director of Individuals and Families (M Pursehouse), the Housing Standards Senior Manager (K Philcox), the Housing and Health Manager (L Simmonds) and the Democratic Services Officer (L Arthurton)

43 DECLARATIONS OF INTEREST UNDER PROCEDURAL RULE NO 8

No declarations of interest were made.

44 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors R Foulger, N Harpley, M Murrell and L Starling.

45 MINUTES

The minutes of the Wellbeing Panel meeting held on 12 May 2021 were confirmed as a correct record. *The Chairman noted that the 22 June 2021 meeting was inquorate and was held informally.*

46 BROADLAND DISTRICT COUNCIL MOBILE HOME FEES POLICY

Members considered the report of the Housing Standards Senior Manager which provided background and procedures to implement the new regulations alongside recovering costs. The Mobile Homes (Requirement for Manager of the Site to be Fit and Proper Person) (England) Regulations 2020, introduced an offence for protected sites to operate unless the Council was satisfied that the occupier or the appointed site manager was a 'Fit and Proper Person' to manage the site.

The New regulations provided the opportunity for local authorities to recover costs of the new procedure using a fee structure detailed in the MHCLG document 'Mobile Homes: a guide for local authorities on setting fees for fit and proper'.

Members noted that applications had already been received and would be approved once Cabinet had agreed the new policy. Once the applications were approved, a public register would be produced as part of the new policy requirements. The Housing Standards Senior Manager stated that there were currently four sites within the Broadland District Council area, reiterating that the policy did not cover holiday and private family areas. He added that there was also the potential to charge an annual fee through the new regulations. Officers confirmed that this was not currently being considered as it had already been incorporated under the existing 2013 Mobile Home Act.

Officers then answered questions from members. With regard to a rejected application, it was noted that there were other options for the site owner to consider, including nominating a site manager to make an application. Officers further explained that, if an application was rejected or approved with conditions, the applicant would have 28 days to provide representation. The application would then escalate to the Assistant Director for review. If the recommendation was upheld, the applicant could then go through a formal appeal.

In response to a further question regarding the outcome if the nominated applicant was rejected, officers confirmed that the site owner would then have 28 days to either make an application in respect of an alternative person or notify the authority of their intention to do so. If they notify the authority, they must then make an application within three months of the date of the final decision notice. If they continue to operate the site and do not make an application within these periods it will then become an offence. The Portfolio Holder for Housing and Wellbeing asked officers to add this timeframe in section 2.7 of the report for clarity. Officers added that the nominated person did not need to be the owner and could be a site manager.

A question was raised that if the nominated person changed during the five years, would the site have to pay again. Members noted that a fee would be charged to cover administration costs. Further reassurances were given by officers that the Council would try and work with the sites as much as they could.

A member of the Panel sought clarification about the distinctions of the different site categories focusing on the Private Family Residential plots. Officers confirmed that these sites typically held one to four mobile homes and were exclusive to family members and not included in the regulations.

A brief discussion followed, during which a question was raised about mixed holiday and mobile home parks. Officers confirmed that, due to licencing and planning agreements, mixed sites should not be in operation.

The Chairman thanked officers for their report, and it was then unanimously,

RESOLVED

To recommend to Cabinet

- A. The inclusion of the enforcement of new regulations as part of the Housing Standards responsibility.
- B. The approval of the fee structure detailed in the revised Mobile Homes Fees Policy
- C. To delegate authority to the Senior Housing Standards Manager to approve Fit and Proper Person applications.

47 INDEPENDENT LIVING ASSISTANCE POLICY

The Panel considered the report of the Housing and Health Manager which set out proposals on how the Integrated Housing Adaptations Team could assist vulnerable residents of all ages throughout the Broadland District. The new approach would create new ways of helping people and use funding efficiently.

Officers explained that the collaboration of Broadland District Council and South Norfolk Council had allowed the opportunity to review practices from both organisations and create a new best practice.

Members noted that all grants were underpinned by statutory regulations governed by the Housing Grants, Construction and Regeneration Act of 1996. These included providing grant aid to elderly, disabled and vulnerable residents for adaptations to their homes.

Officers gave further background details explaining that the 1996 Act, the Regulatory Reform (Housing Assistance England and Wales) Order 2002 (RRO) had been introduced to enable Councils to provide a wide variety of discretionary assistance to residents. The RRO was used to create simplified assistance schemes to avoid the complex DFG process, reducing the demand for valuable Occupational Therapist resources.

When presenting the report, the Housing and Health Manager summarised the proposed actions of the report:

- The implication of the 'Independent Living Assistance Policy' which included the existing Independent Living Assistance Policy with refinements and the introduction of the new assistance packages detailed in appendix one and two of the report.
- The removal of the £1500 cap on the Care and Repair Service fee which would result in an uncapped 15 percent fee for all Care and Repair Service involvement regardless of property tenure.
- Keeping the existing land charges procedures in place. If a grant exceeded £5,000, a local land charge would be placed on the property but limited to a maximum of £10,000. If the property was sold or disposed of in 10 years of the completion of the adaptations, this fee would become due for payment. This Land Charge procedure was proposed to be introduced for the Gaining Independence Grant also.

The Chairman thanked officers for the detailed report and asked members of the Panel for comments. A member noted that the intended outcome of the report was to reduce waiting time and questioned if this was an increasing problem. Officers explained that the pandemic had had an effect alongside increasing demands of build contractors. The Council had begun to advertise for additional contractors to help with demand.

A question was raised regarding the charges set out in the report and whether other Councils were setting similar fees. Officers confirmed that other authorities were charging similar.

Regarding the accumulation of the money from the proposed Land Charges policy, it was confirmed that the money would go back into the grant budgets. The Assistant Director for Individuals and Families added that monthly reviews would help control and allocate money effectively from the budget.

Members noted that officers had consulted with Norfolk County Council on the new approach and officers were pleased to inform members that Norfolk County Council confirmed the new proposed policy was a Best Practice model.

Members stressed the need for grants to be accessible and officers confirmed that residents could access the forms through webforms, GPs, the County Council and by calling the Help Hub. The new system would also help people who previously would have been on the edge of grant funding with cases assessed individually.

The Portfolio Holder for Housing and Wellbeing thanked officers for their work and looked forward to seeing the positive impact it would have on Broadland residents.

The recommendations laid out in the report were then proposed and seconded and it was,

RESOLVED

To recommend to Cabinet

1. The proposed 'Independent Living Assistance Policy';
2. The revised Care and Repair fees procedure;
- and
3. The revised Land Charges procedure.

48 WORK PROGRAMME

The Assistant Director for Individuals and Families took members through the work programme highlighting key areas. The Portfolio Holder for Housing and Wellbeing added that he was happy to see "Future Adult Care Integration" had been added to the work programme for review.

(The meeting concluded at 7:04pm)

Chairman

SOUTH NORFOLK AND BROADLAND ROUGH SLEEPER STRATEGY 2022-2025

Report Author(s): Victoria Parsons
Policy and Partnerships Officer
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victoria.parsons@southnorfolkandbroadland.gov.uk

Portfolio: Housing and Wellbeing

Ward(s) Affected: ALL

Purpose of the Report:

To present the draft South Norfolk and Broadland Rough Sleeper Strategy 2022-2025

Recommendations:

1. Panel to note and recommend the appended draft South Norfolk and Broadland Rough Sleeper Strategy 2020-2025 to Cabinet for approval.

1. Summary

- 1.1 This report presents the draft South Norfolk and Broadland Rough Sleeper Strategy 2022-2025 and provides background to the statutory context within which the strategy is developed.
- 1.2 It is proposed to make public the document for the purposes of consultation in order for the public to understand the performance of Broadland and South

Norfolk Councils in tackling rough sleeping and to comment and provide input on the proposed priorities and actions that will form the new strategy.

- 1.3 It is then proposed to present the finalised draft to Cabinet for approval and adoption.

2. Background

- 2.1 Local Authorities have a statutory duty under the Homelessness Act 2002 to publish Homelessness Strategies at least once every 5 years. Following the publication of the Government's Rough Sleeper Strategy in 2018 a request was made by central government that all new Homelessness Strategies include a specific focus on rough sleeping.
- 2.2 The Greater Norwich Homelessness Strategy comprising Norwich, South Norfolk and Broadland Councils was published in September 2020. This is in recognition that demographics of those that approach for homelessness prevention advice and support are broadly similar and that a sub-regional approach is the most optimal.
- 2.3 In terms of rough sleeping, Norwich City Council already produce a separate rough sleeper strategy, due to a concentration of cohort in their area and the tailored actions identified. Furthermore, a South Norfolk and Broadland specific Rough Sleeper Statement 2020-2022 was also published in September 2020 and now needs to be renewed.
- 2.4 Norwich City Council will be renewing their rough sleeper strategy and although different, the two documents will be complementary to each other and align with the aims of the overarching homelessness strategy.
- 2.5 The diagram below provides the strategic context in which the strategy sits.

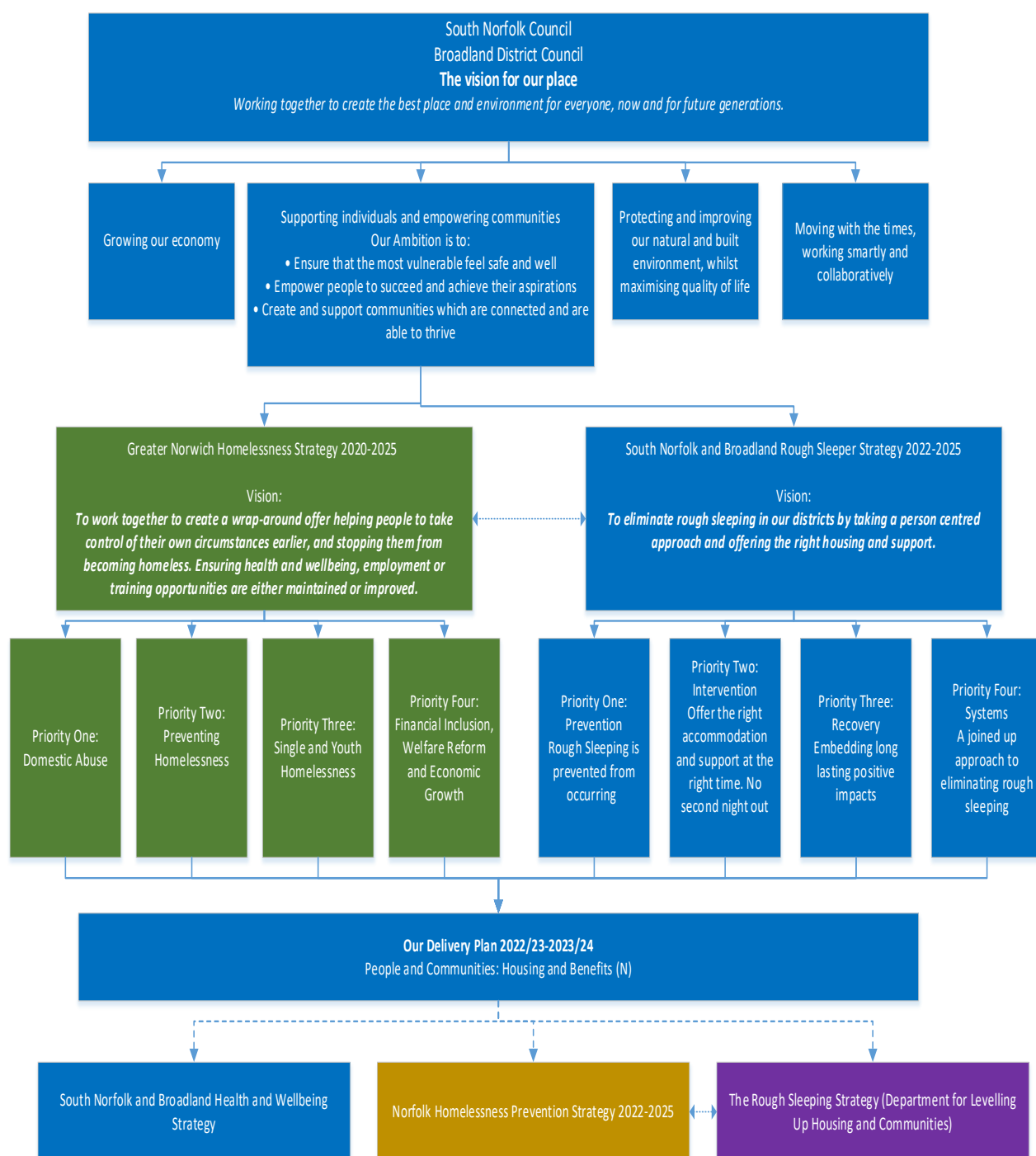


Diagram 1: Rough Sleeper Strategy Strategic Framework

- 2.6 The national Rough Sleeper Strategy commits to halving rough sleeping by 2022 and eradicating it by 2027. Priorities within the strategy prepare to lay foundations for a system focused on prevention, early intervention and a rapid re-housing approach to recovery.
- 2.7 To realise these priorities, Central Government has provided funding through the Rough Sleeping Initiative (RSI) for local authorities. The scheme seeks to enable interventions such as increased outreach provision, floating and specialist support and accommodation options to help rough sleepers into medium to long-term

sustainable solutions. To date, funding has been made available to successful bidders on an annual basis, however, the imminent funding round will last for three years until 2025.

- 2.8 The Rough Sleeper Accommodation Programme (RSAP) was launched by Central Government in 2021 with the objective to provide Move-On homes for rough sleepers in line with a Housing First-led model. These would be available as long-term assets with accompanying support services to rough sleepers in order to achieve a sustainable reduction in rough sleeping. The funding term lasts until 2024.
- 2.9 The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right by Housing First services. There are no conditions around 'housing readiness' before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed.
- 2.10 The annual Rough Sleeper count which provides a national snapshot of rough sleeping on one night of the year details a specific definition of rough sleeping and is restricted to those sleeping rough in specific locations/circumstances.
- 2.11 For the purposes of the rough sleeper strategy and service delivery, we have adopted a broader and simplified definition as given below. This enables us to act proactively and not at the point of crisis.
 - Those at risk of rough sleeping, therefore action needs to take place to **prevent** it from occurring.
 - Those who are already rough sleeping and **intervention** is required to offer accommodation and support.
 - Those who have previously been at risk of/ or have experienced rough sleeping who can be offered **recovery** measures to support long-term positive outcomes and prevent further risk or a return to rough sleeping.

3. Current position/findings

- 3.1 The South Norfolk and Broadland Rough Sleeper team, comprising two Rough Sleeper Co-ordinators began work in August 2019 following a successful joint RSI bid.
- 3.2 The team was well placed to meet the demand on the service as a result of Covid-19 and were able to offer accommodation to all those rough sleeping in South Norfolk and Broadland under the 'Everyone In' edict in March 2020.
- 3.3 Since 2019, the team has attracted just over £1.5m in central government funding in joint bids to RSI or RSAP programmes. It comprises a mix of revenue funding to provide the team and accommodation and RSAP capital funding awarded in partnership with Clarion Housing to procure seven properties to use within a Housing First-led model. This is over and above general homelessness funding

received through Department for Levelling Up Housing and Communities (DLUHC).

3.4 The service currently comprises:

- Senior Homelessness and Rough Sleeper Co-ordinator
- Rough Sleeper Co-ordinator
- Floating Support Officer
- 2x Housing First Officers

3.5 In addition, accommodation provided within the service includes:

- Staging Post accommodation consisting of a six-bedroom property providing fast-access, short term housing. From here, residents can work with officers to identify holistic needs, access further services and plan next steps.
- A Somewhere Safe to Stay flat, providing flexible use to meet demands, for example as very short-term accommodation up to 72 hours or those with slightly higher needs, or needing to self-isolate.
- Access to main homelessness services, this could be for assessment under the Homelessness Reduction Act and a duty to provide other temporary accommodation.
- Four Housing First properties, soon to be expanded to seven.

3.6 A review of rough sleeping since service inception has been included as part of the draft strategy, however headline findings for South Norfolk and Broadland during the period August 2019 to October 2021 show that of the rough sleeper cases added to our data record, 116 individuals were successfully accommodated. Of which:

- 38% were located in Broadland and 62% located in South Norfolk at point of referral
- Of the 116, 82% were male and 33% were aged 18-29.
- 53% were new to rough sleeping.
- 49% had a known mental health issue and of those, 61% experienced mental ill health and substance misuse, either drugs, alcohol or both.
- 65% successfully moved on from the service with 11% still in the service.

3.7 Furthermore, impacts of the pandemic are ongoing and modelling indicates that numbers of rough sleepers in the districts are expected to grow. Challenges identified that can result in increased numbers or prevent positive outcomes include:

- Access to housing including the private rented sector
- Access to health services including mental health and dual diagnosis services.
- Sourcing appropriate accommodation to minimise spread of Covid-19
- Improving economic outcomes for individuals

3.8 As noted above, the bidding round for Rough Sleeping Initiative (RSI) funding is currently open. It is expected to be the last time the funding will be available and covers a three year period.

- 3.9 For the funding, Local Authorities are being asked to build on already successful and established services and to think longer term about their responses to rough sleeping. The focus is expected to shift during the funding period from intervention to prevention.
- 3.10 The Councils are currently preparing their bid, with ongoing funding vital to the Councils ability to offer the rough sleeper service in its current model. Within the bid will be proposals to expand the service further in order to proactively tackle the expected rise in numbers. This is namely through provision to tackle dual diagnosis, where an individual is experiencing coexisting mental health illness and substance misuse. The bid will also seek to re-recruit to an Assessment and Resettlement Worker post.
- 3.11 Development of the new Rough Sleeper Strategy is a timely opportunity to:
- Review progress of the rough sleeper team
 - Ensure that priorities match evidenced demand in the districts
 - Seek to overcome ongoing impacts of Covid-19 to deliver positive outcomes
 - Take a person centred approach with the voice of those with lived experience heard throughout
 - Align with the strategic direction of Central Government

4. Proposed action

- 4.1 The strategy sets the commitment to eliminate rough sleeping in South Norfolk and Broadland through four identified priority areas and strategic objectives:
- Priority One: Prevention: Rough sleeping is prevented from occurring.
 - Priority Two: Intervention: Offer the right accommodation and support at the right time. No second night out
 - Priority Three: Recovery: Embedding long lasting positive impacts
 - Priority Four: Systems: A joined up approach to eliminating rough sleeping
- 4.2 The priorities have been identified using the model outlined in the Central Government Rough Sleeper Strategy, in addition to forecasting of future demand following an analysis of current challenges and gaps in service provision. Following strategy approval, a delivery plan to implement actions will be developed.
- 4.3 The appended draft strategy will be published for a period of public consultation 7th February 2022 to midnight of 20th February 2022. This timescale is necessary in order to meet our statutory duties
- 4.4 Following the end of the consultation period, the draft strategy will be amended and refined with a final draft prepared for the Council's formal approval routes through Cabinet in March 2021.
- 4.5 Following adoption, a detailed delivery plan will be developed with clear outputs and measures for success.

5. Issues and risks

- 5.1 **Resource Implications** – Delivery of the strategy is dependent on the continued presence of the rough sleeper team with funding due to end in spring 2022. Therefore a successful bid to year 5 of the Rough Sleeper Initiative is vital and will provide funding certainty until 2025. Should the bid fail the Council will need to consider how the team could continue using internal resources.
- 5.2 **Legal Implications** – The strategy is proposed in order for us to meet our duties under the Homelessness Act 2002
- 5.3 **Equality Implications** – An equalities and communities impact assessment is appended to this report.
- 5.4 **Environmental Impact** – There are no known environmental impacts.
- 5.5 **Crime and Disorder** - In working to prevent homelessness and rough sleeping through the provision of accommodation and support, including for those who have had contact with the criminal justice system, it is hoped to prevent instances of offending and reoffending.
- 5.6 **Risks** – There are no other risks associated with these proposals.

6. Conclusion

- 6.1 The introduction of the rough sleeper team meant South Norfolk and Broadland were in a good position to manage demand pressures as a result of the pandemic.
- 6.2 The draft Rough Sleeper Strategy 2022-2025 seeks to build on this good work and to overcome future challenges wrought by Covid-19 to deliver the Council's vision to eliminate rough sleeping in South Norfolk and Broadland. It forms part of our overarching homelessness prevention approach through the development of our Best in Class Housing Offer and Greater Norwich Homelessness Strategy 2020-2025.
- 6.3 Development of the strategy is timely as it links to the Council's upcoming bid to year 5 of the DLUHC's Rough Sleeping Initiative. This 3 year funding will provide certainty to the future of the rough sleeper team and enable the Council to meet its vision.

7. Recommendations

- 7.1 Panel to note and recommend the appended draft South Norfolk and Broadland Rough Sleeper Strategy 2020-2025 to Cabinet for approval.

Background papers

Greater Norwich Homelessness Strategy 2020-2025

SOUTH NORFOLK AND BROADLAND ROUGH SLEEPER STRATEGY

2022- 2025

1. Introduction

This strategy articulates the joint commitments by South Norfolk Council and Broadland District Council to eliminate rough sleeping in the two districts. It complements and aligns with, the Greater Norwich Homelessness Strategy 2020-2025 in recognition that elimination of rough sleeping starts with homelessness prevention. Both strategies are sited within the Council's overarching Strategic Plan and Delivery Plan and are a statutory requirement under the Homelessness Act 2002.

No one should be rough sleeping out of necessity and both South Norfolk and Broadland are seeking to expand on successful measures that have already decreased incidences of rough sleeping in the districts and prevented re-occurrence. This strategy sets out a bold framework in which to; deliver an outstanding, joined up and holistic rough sleeper service; meet the challenges of Covid-19; drive down rough sleeping to the point of elimination; and encourage positive outcomes.

1.1 Definition of rough sleeping

For national statistical returns, the definition of rough sleeping is:

People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as, on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes').

This definition does not include people in hostels or shelters, sofa surfers, people in campsites or other sites used for recreational purposes or organised protests, squatters or Travellers sites.¹

For the purposes of this strategy a broader definition of *rough sleeper* is employed and includes:

¹ <https://www.homeless.org.uk/connect/blogs/2018/sep/20/rough-sleeping-counts-and-estimates-all-you-need-to-know>

- Those at risk of rough sleeping, therefore action needs to take place to **prevent** it from occurring.
- Those who are already rough sleeping and **intervention** is required to offer accommodation and support.
- Those who have previously been at risk of/ or have experienced rough sleeping who can be offered **recovery** measures to support long-term positive outcomes and prevent further risk or a return to rough sleeping.

1.2 Voice of people with lived experience

Reasons for rough sleeping and loss of a home can be varied and complex and actions as a result of this strategy need to ensure that services are tailored and flexible. For these to be truly effective, the voice of people with current or former lived experience is key. To achieve this, South Norfolk and Broadland Councils will be consulting on the draft strategy. We will also be participating in continual engagement with our customers through ongoing house meetings and, on a wider perspective with the County wide co-production alliance group.

2. Our Vision and Priority Themes

2.1 South Norfolk and Broadland Vision:

To eliminate rough sleeping in our districts by taking a person centred approach and offering the right housing and support.

2.2 Priority One: Prevention

Strategic Objective: Rough sleeping is prevented from occurring.

We will do this by:

- Developing our customer journey to improve timely access to housing and homelessness services, including through the Housing Portal and our Help Hub.
- Using appropriate shared information to identify those at risk of rough sleeping
- Working in close partnership to comply with protocols to prevent homelessness at prison release or hospital discharge, including mental health wards.
- Exploring all housing options to reduce the risk of rough sleeping.

2.3 Priority Two: Intervention

Strategic Objective: Offer the right accommodation and support at the right time. No second night out

We will do this by:

- Making an offer of accommodation and support to all verified rough sleepers
- Using the Outcomes Star through new software to co-develop support plans. These will focus on people's strengths and aspirations
- Work with partners to provide tailored and holistic support
- Link to social prescribing through our Help Hub for access to GPs and wider health services.
- Embedding our Housing First service
- Enabling self-contained accommodation to reduce risk of Covid-19
- Reviewing and expanding our temporary accommodation profile through our Best in Class Housing offer.
- Closely co-ordinating with statutory homeless team to ensure those with priority need are assisted under statutory services

2.4 Priority Three: Recovery

Strategic Objective: Embedding long lasting positive impacts

We will do this by:

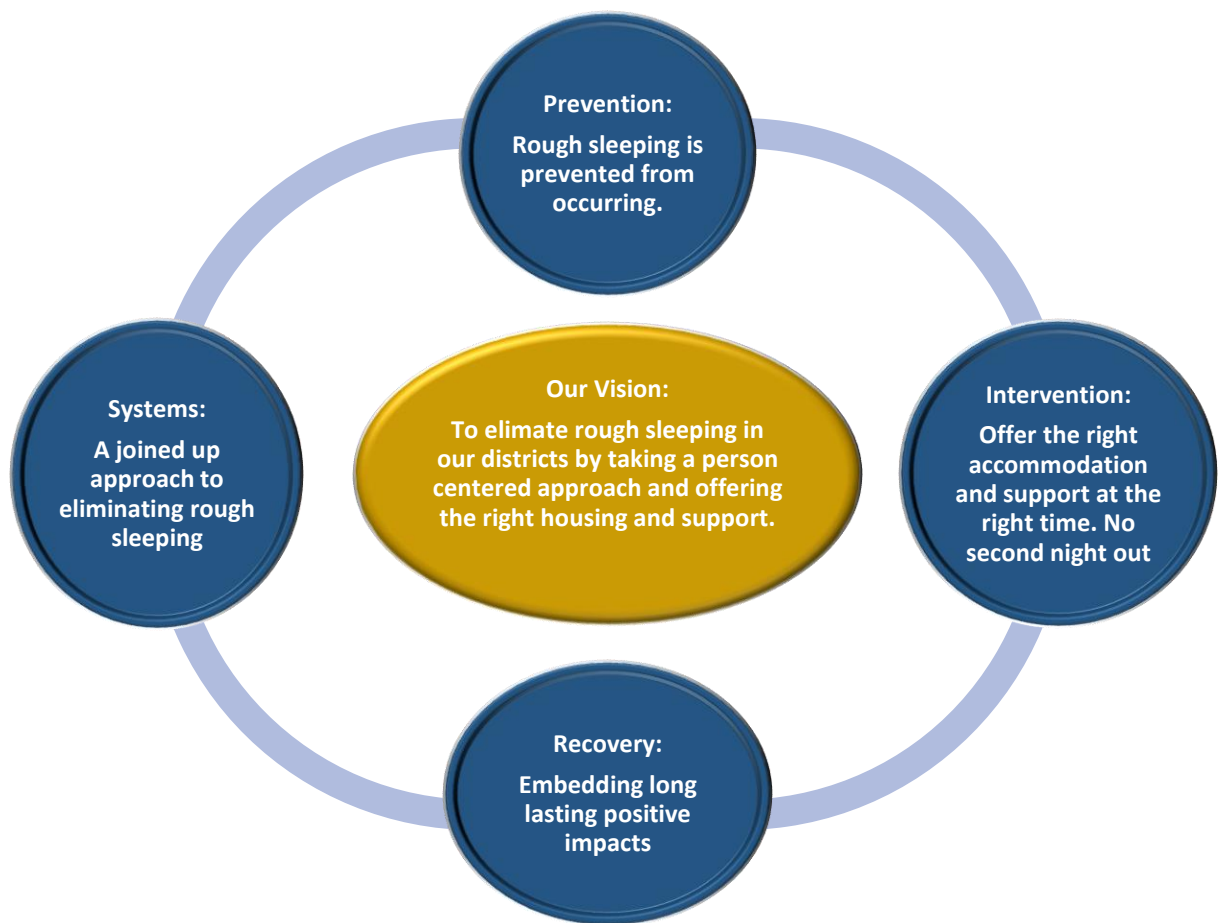
- Recruiting a Dual Diagnosis non-medical prescriber and Assessment and Resettlement Officer using RSI funding
- Using an upstream and tenancy support offer to both prevent RS and sustain tenancies once accommodated
- Using the Help Hub as a step down/step up service to prevent crisis from re-occurring
- Promoting and facilitating skills, education and employment opportunities
- Facilitating move on through supported housing through the Broadland District Council and South Norfolk Council Hostel and Supported Accommodation Move-on agreement.

2.5 Priority Four: Systems

Strategic Objective: A joined up approach to eliminating rough sleeping

We will do this by:

- Adopting corporately a trauma informed approach
- Ensuring that services are designed with people with lived experience
- Procuring new software to enable effective monitoring and analysis of data and outcomes
- Work with wider health services through newly formed health and Wellbeing Partnerships to deliver ambitions to improve wellbeing and reduce health inequalities.
- Supporting corporate and county wide activity to prevent homelessness through the Norfolk Strategic Housing Partnership (NSHP)
- Explore funding opportunities in addition to Rough Sleeping Initiative Funding to support service delivery.



3. Rough Sleeping in South Norfolk and Broadland – Key findings.

As part of the formation of the strategy, a review of the rough sleeper service from August 2019-October 2021 was undertaken. Full findings can be found at Appendix A.

Of the 116 individuals accommodated through the service:



38% of individuals were from the Broadland District



62% of individuals were from the South Norfolk District



82% were male and 33% were aged 18 to 29



Just under half (49%) had a known mental health condition. Of these, 61% also had at least one alcohol/substance misuse issue.

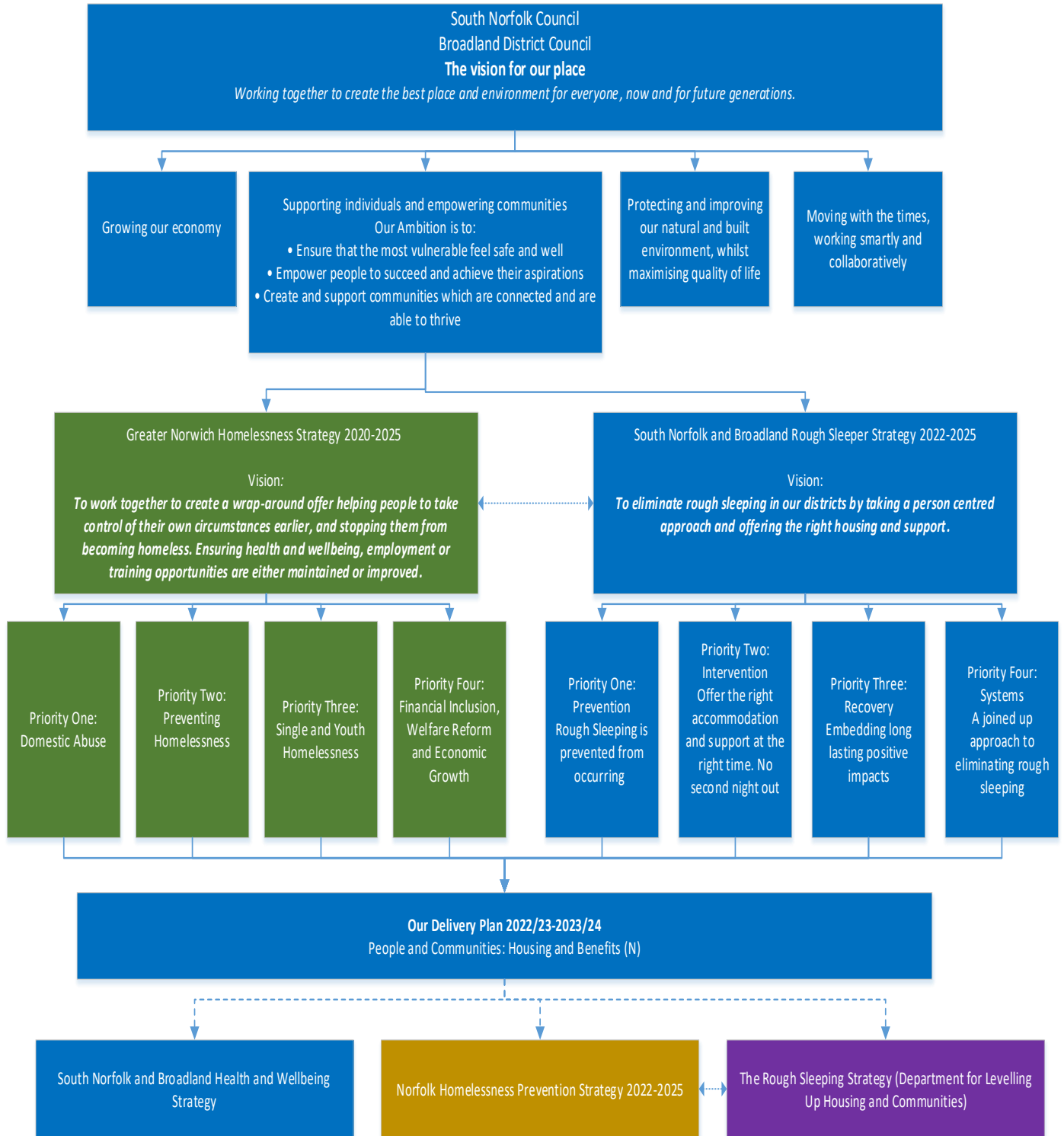


30% were accommodated in our Staging Post or Somewhere Safe to Stay accommodation



64% have successfully moved on from the service

4. Strategic Context



4.1 Our Plan 2020-2024 and Our Delivery Plan 2022/23-2023/24

Our Strategic Plan identifies the core vision for our place alongside four priority areas where we focus our resources and efforts. These are underpinned by how we deliver our services through our people, our approach and performance. It is important to link our vision, priorities and ambitions, to our service delivery and team and individual objectives. The Delivery Plan is focussed on the three service areas the council is made up of, with each activity carried out being linked back to the key priority areas. This includes activities relating to delivery of our homelessness and rough sleeping strategies.

4.2 Greater Norwich Homelessness Strategy 2020-2025

Sets out a sub-regional and holistic approach to homelessness prevention. It has a wider focus than this Rough Sleeper Strategy and recognises that across greater Norwich the reasons for approach into housing services are broadly similar. The strategy has four priority areas; Domestic Abuse; Homelessness Prevention; Single and Young People; Financial Inclusion, Welfare Reform and Economic Growth. Mental Health does not have a separate priority but is recognised as having influence and impact on all four priorities identified. Delivery of the strategy is supported by the Councils and the Greater Norwich Homelessness Forum.

4.3 No Homelessness in Norfolk

“No Homelessness in Norfolk” is a project being delivered by the Norfolk Strategic Housing Partnership. It seeks to extend the partnership working swiftly developed as a result of the initial Covid-19 outbreak by Local Authorities, Norfolk County Council, Public Health, Housing Associations, Social Care, Police, Probation, Voluntary Sector and Charities.

Underpinning the project is the Norfolk Homelessness Charter and the Norfolk Homelessness Prevention Strategy 2022-2025. This includes four key priorities: 1. Reduce homelessness by focussing on homeless prevention services 2. Improve access to homelessness support services across Norfolk 3. Continue to develop person-centred services with a focus on co-production 4. Continue to build partnership working to improve collaboration and whole system change. The strategy brings together partners to ensure that services work collaboratively to shared aims and aspirations to deliver these priorities.

4.4 Rough Sleeper Strategy

The Department for Levelling Up Housing and Community (DLUHC) formerly, Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeper Strategy sets out central government’s plans to halve rough sleeping by 2022 and end it by 2027. It includes a range of commitments, intended both to help those who are sleeping on our streets or currently at risk of doing so, and to lay foundations for a system focused on prevention, early intervention and a rapid re-housing approach to recovery. The Strategy has been accompanied by a number of bidding rounds to

secure funding for new and innovative interventions to reduce rough sleeping and to enable the rapid re-housing of those who have been homeless.

5. COVID-19

South Norfolk and Broadland districts are relatively affluent areas. Using ranking for indices of deprivation², both Councils are within the top 30% least deprived districts in England. However, the appearance of affluence can mask areas of poverty and need in addition to entrenching inequalities. To highlight, South Norfolk scored within the 30% most deprived areas for barriers to housing and services and Broadland at mid-way through the ranking.

In addition, the Coronavirus outbreak and the implementation of nationwide lockdown requirements saw a significant increase in the number of people who are rough sleeping or at risk of rough sleeping supported and accommodated by South Norfolk and Broadland. The predominant source of this increase stemmed from those who had transient arrangements for their accommodation, otherwise known as hidden homelessness. This has provided evidence that although rough sleeping remains low within both districts there is a steady level of people who have very little control over their accommodation and remain on the cusp of rough sleeping. Under the Everyone In edict the councils were successful in making an offer to all those rough sleeping in the districts at that time.

However, as the pandemic continues challenges remain and for people with experience of rough sleeping these challenges can be felt disproportionately. Appendix A provides further information on the nature and scope of these areas, however as an overview they can be identified as:

- Ensuring move-on from temporary accommodation into permanent housing
- Availability and affordability of the private rental sector
- Supporting moves into permanent housing and sustaining tenancies
- Seeking appropriate mental health support, including for those with dual diagnosis
- Sourcing appropriate accommodation to minimise spread of Covid-19
- Access to services in light of increasing demand as economic impacts deepen
- Accessing skills, education and employment opportunities

6. Delivering the Rough Sleeper Service

The rurality of both areas means that rough sleeping can be a hidden activity and in early 2019 an audit of approaches to housing services by people found or believed to be rough sleeping in South Norfolk or Broadland over a 13 month period found that numbers were markedly higher than previously thought. As a result and, following a successful bid for Central Government Rough Sleeper Initiative (RSI)

² <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

funding, a specific rough sleeper team and service was created. This has been enhanced through further successful funding rounds, including Rough Sleeper Accommodation Programme (RSAP) funding which saw the introduction of a Housing First-led approach for customers requiring intensive support.

The service is designed to address the needs of rough sleepers across the Broadland and South Norfolk districts and includes a rapid street based response to any reports of rough sleeping. Within the team there are:

6.1 Rough Sleeper Co-ordinators

Rough Sleeper Coordinators are able to provide a rapid response to reports of rough sleepers. Their role is to establish contact, assess the needs of anyone found to be rough sleeping and provide the necessary support to engage with services and to seek more settled accommodation. The senior co-ordinator acts as the conduit between those working with rough sleepers and the Housing and Benefits Manager. They offer technical expertise and collate data. Senior co-ordinators also provide strategic oversight including developing bids for funding.

6.2 Floating Support Officers

Officers work with the customer, the wider Housing Team and external agencies to endeavour to either prevent rough sleeping and homelessness entirely or, where not possible, to ensure that the clients trajectory into rough sleeping and homelessness is directed along a different and more positive pathway. They take a multi-agency approach with others supporting the individual and work with agencies namely mental health and drug and alcohol support services amongst others to offer a seamless service to move each individual through their housing pathway.

6.3 Housing First Officers

Provide management of accommodation and support to those in the Housing First scheme. As a customer's needs can be highly complex, Housing First Officers will have a smaller case load to enable more intensive support and for a longer period of time. They have direct responsibility for the assessment and support of each resident accommodated under the Housing First scheme provided by South Norfolk and Broadland and liaise with all persons identified as appropriate to support each individual. Officers proactively work with supported accommodation providers and social housing landlords to identify customers move on options from Housing First accommodation.

6.4 Housing Solutions Officer – Criminal Justice Specialist

The main aim of this job role is to support ex-offenders who would otherwise be at risk of rough sleeping through increasing access to new private sector tenancies. Partnership working is crucial to the success of this scheme. These include (but are not limited to): Probation, Prisons, Community Accommodation Service, Approved Premises, Bail Accommodation Support Services, Police, Health, substance misuse

services, Voluntary and Faith Sector Charities and the Department for Work and Pensions (DWP). This is a 12 month post shared across South Norfolk, Broadland and Breckland funded by the Ministry of Justice.

6.5 Assessment and Resettlement Officer

Supported the rough sleeper co-ordinators and provided a swift outreach response to high need clients who are homeless and/or rough sleeping, to access suitable accommodation and services to improve outcomes and prevent reoccurrence. They fostered and developed proactive working with supported accommodation providers to identify customers move on options and oversaw day to day management of the rough sleeper accommodation. Funding for this post ended in December 2021 and will form part of a cross district RSI bid for 2022-2025.

6.6 Accommodation

The Councils have a number of accommodation options within the rough sleeper service including:

- Staging Post accommodation consisting of a six-bedroom property providing fast-access, short term housing. From here, residents can work with officers to identify holistic needs, access further services and plan next steps.
- A Somewhere Safe to Stay flat, providing flexible use to meet demands, for example as very short-term accommodation up to 72 hours or those with slightly higher needs, or needing to self-isolate.
- Access to main homelessness services, this could be for assessment under the Homelessness Reduction Act and a duty to provide other temporary accommodation.
- Four Housing First properties, soon to be expanded to seven. The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right by Housing First services. There are no conditions around 'housing readiness' before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed.

6.7 Working in partnership

Partnership working is crucial to overcome immediate issues of rough sleeping and also to encourage positive long-term outcomes for people. This starts by working with individuals, finding strengths and setting goals, from the very small and very quick to longer term planning. Working in partnership enables us to identify people at risk of rough sleeping earlier, preventing crisis. Partners also round out holistic support through finances, access to health care and recovery services, legal advice, options for permanent homes and employment and training opportunities. It is only by working in partnership that we can make lasting impacts whether for the individual or on a wider system level.

7. Monitoring and Oversight

The strategy will be partner reviewed annually in line with the Greater Norwich Homelessness Strategy through the Greater Norwich Homelessness Forum.

Appendix A: Rough Sleeping Review 2019-2021

Author: Francine Tarn – Policy and Evaluation Analyst
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1. Introduction

Our Councils have made significant efforts to ensure that our residents sleeping rough or at risk of sleeping rough were safely accommodated during the Covid-19 crisis. During the first lockdown in March 2020, the Councils successfully responded to the government's "Everyone In" programme and were able to offer accommodation to over 20 people across the districts and continued to do so as part of our ongoing objectives to eradicate rough sleeping in Broadland and South Norfolk districts.

For many people, the end of the majority of pandemic restrictions during 2021 was rightly a joyous time. It was an opportunity to live a quasi-normal life for the first time in nearly a year and a half. However, for an increasing number, it brought with it renewed potential for homelessness and rough sleeping.

A number of the pandemic policy support measures have come to an end and many homelessness organisations across the UK are now reporting higher numbers of rough sleepers, many of whom are doing so for the first time.

Furthermore, consumer price inflation peaked at 5.1%³ in November and, according to the Office for Budgetary Responsibility predictions⁴ it is expected to return to target levels only in the second half of 2024, with the persistent stagnation in household income and earnings expected to continue until 2028.

In addition, access to private sector rented properties has shown to be more limited as landlords are becoming more selective with their choice of tenants and more concerned about who they are willing to accommodate. Indications suggest that landlords are leaving the sector, with properties sold into home ownership thus reducing the pool of available homes. Private housing rents in the East of England have also been steadily increasing this year⁵ (from 1.3% in January 2021 to 3% in November 2021) with our forecast expecting a downside scenario of a further increase up to 3.6% by December 2024.

As a result, certain cohorts of people such as unemployed, low earners and self-employed are particularly likely to see their living standards reduced in the coming years. Moreover, those who are

³ Consumer price inflation, UK: November 2021 [Office for National Statistics](https://www.ons.gov.uk/economy/inflationandcosts/articles/consumerpriceinflationintheuk/november2021)

⁴ Economic and fiscal outlook, UK: October 2021 [Office for Budget Responsibility \(obr.uk\)](https://obr.uk/economic-outlook/)

⁵ Experimental Index of Private Housing Rental price, UK: November 2021 [Office for National Statistics](https://www.ons.gov.uk/economy/housingandrent/articles/experimentalindexofprivatehousingrentalprice/november2021)

currently suffering from financial hardship are likely to struggle further. As an illustration, during the last 12 months, over 130 residents received advice on Council Tax debt, 68 on rent arrears and 6 on mortgage debt through our Help Hub services.

Research⁶ from the Health Foundation has shown that the relationship between mental health and unemployment is bi-directional and that good mental health is a key influence on employability, finding a job and remaining in a job. For the first quarter of 2022, the unemployment count for both districts is expected to affect approximately 9,000 residents (4,341 in Broadland and 4,530 in South Norfolk).

During 2020, our Help Hub services received 2,224 requests for support. As the service has grown, 3,643 requests for support were accounted for in 2021. Some of the supporting reasons included homelessness, financial issues, parental and child mental health issues. During the 12-month period, ending July 2021, 415 referrals were made to Housing, 49 related to homelessness and 479 people requested support with housing.

The next few paragraphs will focus on the analysis of individuals assisted through the Councils' rough sleeper service. To provide context, the Councils' have adopted a broad definition of rough sleeper:

- Those at risk of rough sleeping, therefore action needs to take place to **prevent** it from occurring.
- Those who are already rough sleeping and **intervention** is required to offer accommodation and support.
- Those who have previously been at risk of/ or have experienced rough sleeping who can be offered **recovery** measures to support long-term positive outcomes and prevent further risk or a return to rough sleeping.

2. Profile of Rough Sleepers in Broadland and South Norfolk

2.1 Levels of Rough Sleeping

- 2.1.1 Between August 2019 and October 2021, there were a total of 306 rough sleeper reports added to our data record. Approximately 17% of those were repeated cases and 15% were individuals who could not be contacted due to the lack of identifiable details.
- 2.1.2 Notwithstanding, we offered accommodation to approximately 46% of these reports and were able to successfully accommodate 82% (116 individuals) of those who accepted our Rough Sleeper support.
- 2.1.3 Where we did not offer accommodation, this was due to a number of reasons. The main reason was the inability to locate individuals or to make contact with them. The second main reason was that some individuals found their own accommodation and or went through other services provided by our Councils such as the housing register where applicants can find affordable housing options (e.g. social housing, shared ownership scheme). Further reasons are detailed below.

⁶ Unemployment and Mental Health, UK: April 2021 [The Health Foundation](#)

Reasons for not offering accommodation	Total	%
In prison	1	1%
Unable to locate or to contact	73	44%
Accommodated or verified by another Local Authority	10	6%
Sectioned and or went through a mental health intervention	3	2%
Prefer or is able to stay with family, friends or partner	28	17%
Housed or received housing assistance through other means (e.g. individuals found their own accommodation, went through the Councils' housing register)	30	18%
Moved to another place (e.g. town, country)	8	5%
Required further verification	8	5%
History of eviction due to behavioural issues, uncooperative behaviour	4	2%
Total	165	100%

- 2.1.4 To be able to produce a robust statistical analysis of the profile of our rough sleepers, the next few sections are focused on those 116 individuals who were accommodated through our rough sleeper services, whose details could be registered. Unless otherwise stated, figures are for South Norfolk and Broadland combined.

2.2 District location and hot spots at time of referral

- 2.2.1 In terms of district location, 62% of our customers were from South Norfolk and 38% from Broadland.

BDC	SNC
44 (38%)	72 (62%)

- 2.2.1 In terms of hot spots, Coltishall in Broadland and Diss in South Norfolk were demonstrated to be the most frequented locations by our customers for each district. Diss, in particular as a town sited towards the bottom of the South Norfolk district and at some distance to Norwich could be expected to see higher numbers of rough sleepers.

BDC	SNC
<ul style="list-style-type: none"> Coltishall (x3) Hevingham (2x) 	<ul style="list-style-type: none"> Diss (7x) Costessey (4x) Poringland (3x) Wymondham (3x)

2.3 Local Connection

2.3.1 The majority of our customers had a local connection with South Norfolk.

BDC	SNC	Unknown	Connection to another Norfolk District
36 (31%)	57 (49%)	8 (7%)	15 (13%) of which: 6 Norwich City Council 3 Great Yarmouth 6 Out of County

2.4 Rough Sleeper Status

2.4.1 The status of our customers showed that most were new to rough sleeping.

Repeat Rough Sleepers	New to Rough Sleeping	Unknown
43 (37%)	62 (53%)	11 (9%)

2.5 Living Arrangements prior to homelessness

2.5.1 The majority of our customers were living with family, friends or partners. This evidences ongoing impact of the pandemic where there is increased reluctance to offer housing, particularly where this is informal, such as sofa surfing or where homes are overcrowded.

2.5.2 The second most common living arrangement found among our customers was supported housing highlighting some of the ongoing complexities experienced by rough sleepers

Living with Family, friends or partners	Living on Boat or caravan	Living in Lodgings	Living in a Shared Ownership scheme	In Prison
39 (34%) <i>31x family or friends</i> <i>8x partners</i>	5 (4%) <i>4x caravan</i> <i>1x boat</i>	5 (4%)	1 (1%)	9 (8%)
Living in Social Rented or Private Rented housing	Supported housing	Living in Temporary Accommodation	Living in tied accommodation	Living arrangements unknown
7 (6%) PR 6 (5%) SR	17 (15%)	6 (5%)	2 (2%)	19 (16%)

2.6 Type of accommodation and scheme used through the Councils' Rough Sleeper Service

- 2.6.1 There were approximately 185 situations where our customers were migrating within accommodations and schemes until a positive outcome could be delivered while our officers were scrutinising our customers' needs and best options for individual cases.
- 2.6.2 Staging Post or SStS accommodation was the first consideration when offering accommodation and this is seen in 30% of accommodation offers. Where this was not available or it didn't meet the needs or risk profile of the customer, alternative accommodation was sought. As evidenced below, this mainly took the form of hotel or B&B's. Our Housing First service commenced in autumn 2021 and the first residents can be seen in the 3% below.

Everyone In	Hotel or B&B	Housing First	Staging Post
13 (7%)	101 (54%)	5 (3%)	42 (23%)
Private Sector Leased	Statutory Duty	Offer	Somewhere Safe to Stay Hub (SStS)
3 (2%)	5 (3%)	2 (1%)	14 (7%)

2.7 Gender and relationship status

- 2.7.1 In terms of gender, the majority of our customers were male.

Males	Females
95 (82%)	21 (18%)

- 2.7.2 In terms of relationship status, the majority of our customers were male and female singles. While, couples and families were much less common. It should be noted that the families did not include dependent children, instead being, for example, adult siblings or parent with an adult son or daughter.

Single Male	Single Female	Couples	Families	Unknown
90 (78%)	16 (14%)	6 (5%)	3 (3%)	1 (1%)

2.8 Age Groups

- 2.8.1 In terms of age, the majority of our customers were young adults, aged 18 to 29. The next highest percentages were found among those aged 41-50.

Aged 18-29	Aged 30-40	Aged 41-50	Aged 51-59	Aged 60+
38 (33%)	23 (20%)	34 (29%)	16 (14%)	5 (4%)

2.9 Nationality

- 2.9.1. In terms of nationality, 93% were UK nationals.

UK Nationals	EEA Nationals	Non-EEA Nationals	Unknown
108 (93%)	4 (3%)	1 (1%)	3 (3%)

2.10 Disability

2.10.1 The majority of our customers did not have a disability.

With a disability	Without a disability	Unknown
12 (10%)	87 (75%)	17 (15%)

2.11 Mental Health Issues

2.11.1 Approximately half (49%) of our customers had a mental health issue. Of those with a mental health issue, 9% were previously sectioned.

With a mental health issue	Without a mental health issue	Unknown
57 (49%) <i>9% previously sectioned due to MH issue</i>	41 (35%)	18 (16%)

2.12 Substance Misuse

2.12.1 The Majority of our customers did not have or substance misuse was unknown. However, approximately 17% of our customers had both drug and alcohol issues.

Drug Issues	Alcohol Issues	Both	None/Unknown
20 (17%)	9 (8%)	20 (17%)	67 (58%)

2.13 Mental health and substance misuse combined

2.13.1 Of 57 individuals with known mental health issues, approximately 28% also presented both drug and alcohol issues. In total, 61% had a mental health issue and at least one incidence of substance misuse issue.

With mental health and drug issues	With mental health and alcohol issues	With mental health, drug and alcohol issues
12 (21%)	7 (12%)	16 (28%)

2.14 Offending within the last 12 months

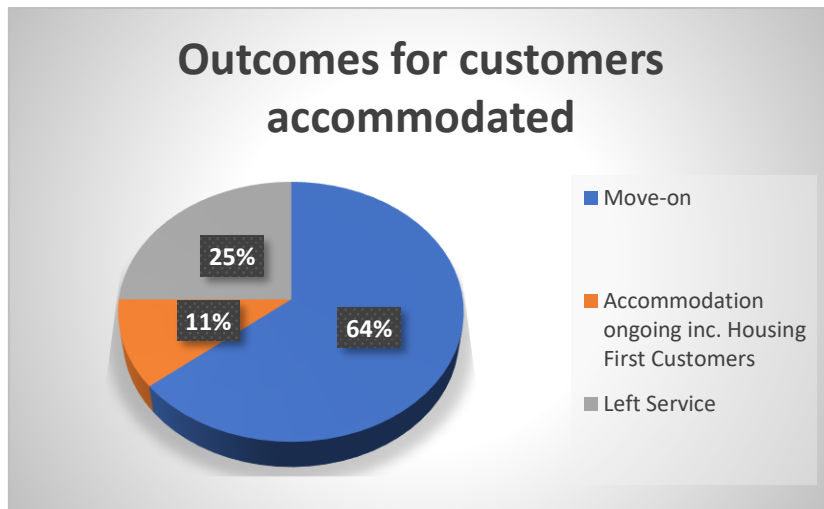
2.14.1 Of 36 customers with a recent offending history, 15 had been in prison.

Yes	No	Unknown
36 (31%) <i>15 were in prison</i>	60 (52%)	20 (17%)

3. Outcomes

3.1 In terms of outcomes, for those 116 individuals, 128 outcomes were recorded. This is due to some individuals accessing and leaving the service twice. However, it highlights that only a

small number of people have returned to, or are at risk of, rough sleeping and come back into the service once an outcome has been achieved.



- 3.2 It is also positive that a greater proportion of individuals within the service moved on to other accommodation or are still accommodated. A full breakdown of outcomes is given below:

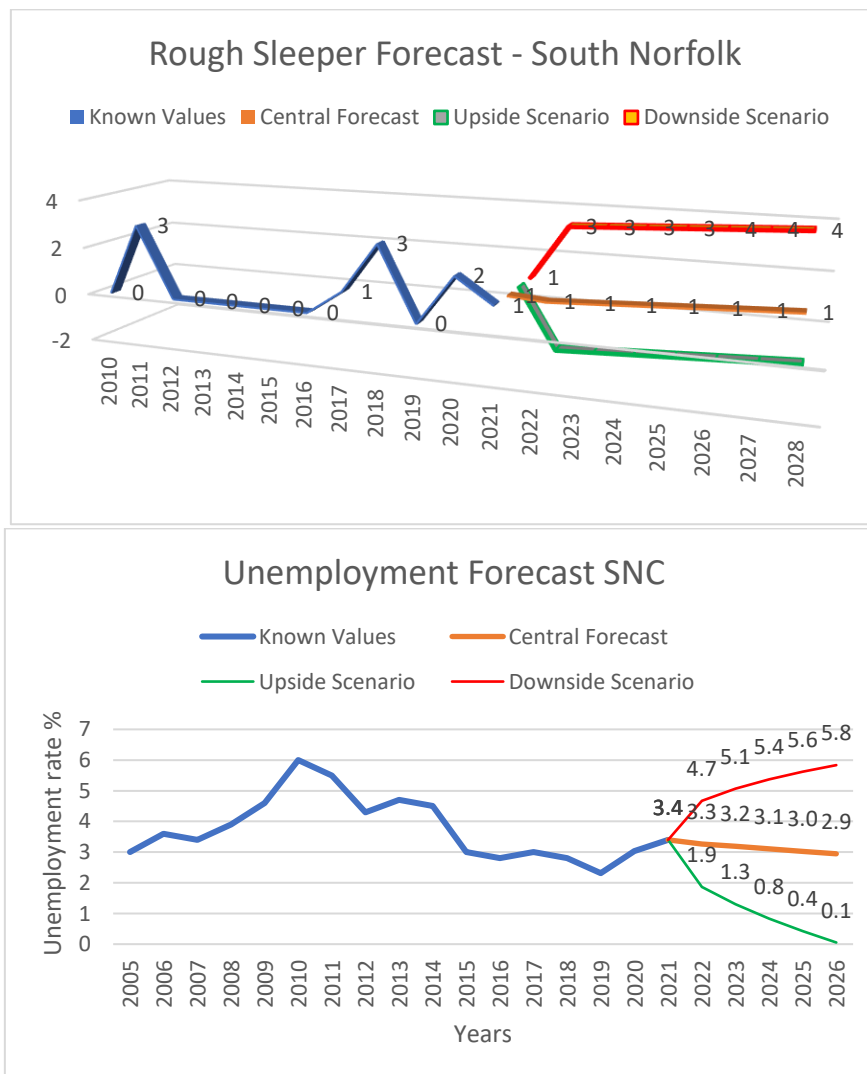
Outcome		Number	%
Move on from service	Assessed as APN and accommodated under part VII	14	11%
	Left to stay with partner	1	1%
	Moved from area	1	1%
	Moved into lodgings arrangement	9	7%
	Moved into private rented	4	3%
	Moved into rehab accommodation	1	1%
	Moved into social tenancy	11	9%
	Moved into supported accommodation	25	20%
	Reconnected to other Local Authority	1	1%
	Reconnected with family/friends	11	9%
	Returned to accommodation available	4	3%
	Ongoing	14	11%
Left service	Abandoned Project	12	9%
	Accommodation ended as not occupying	4	3%
	Evicted by accommodation provider	4	3%
	Evicted from accommodation	11	9%
	Received custodial sentence	1	1%
Totals		128	100%

- 3.3 For those who were evicted, refused assistance or abandoned the accommodation, we continued with our efforts to assist them. We will continue to provide assistance in a variety of ways where we can and will re-accommodate when suitable. We will also seek to learn from these examples so we can better tailor service delivery.

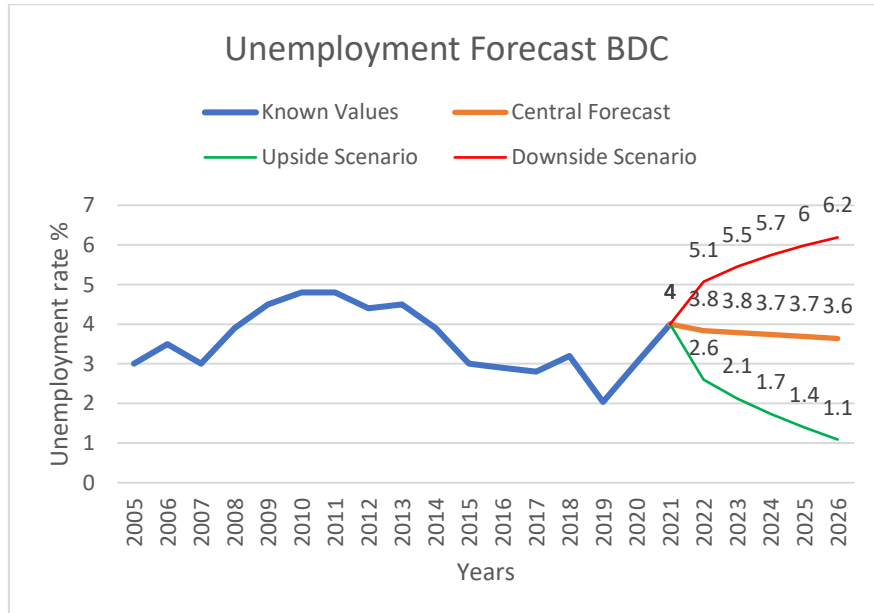
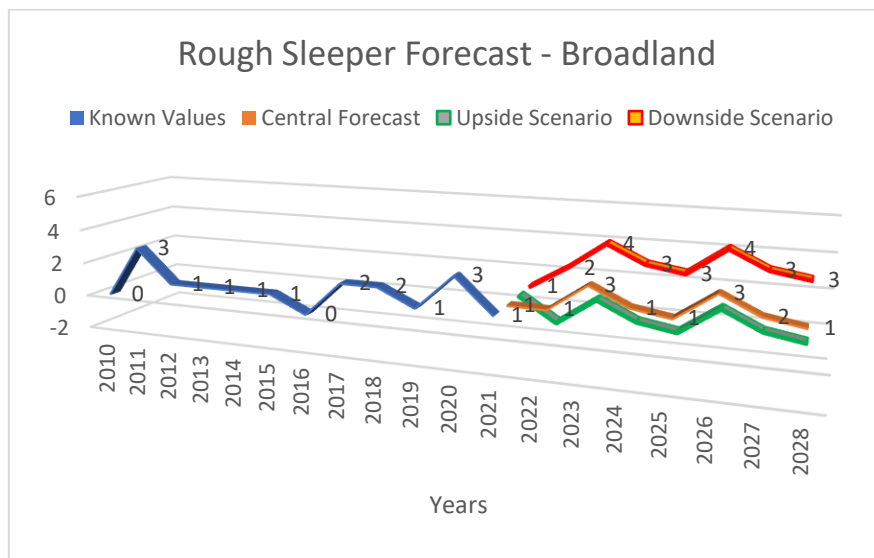
- 3.4 The outcomes also evidence some of the complexities apparent in achieving long-term housing aims. For example, 20% of move-on was into Supported Accommodation indicating that the customer requires additional, although not as intensive support to move into permanent housing. Similarly, only 3% moved into private rented housing providing further evidence into the difficulties in accessing that housing sector at present.

4. Forecasting future numbers

- 4.1 An exercise took place to forecast future numbers of rough sleepers for South Norfolk and Broadland. This was achieved using data from the annual rough sleeper return based on a snapshot of number of rough sleepers based on a single night.
- 4.2 In South Norfolk, a central scenario forecast suggests that rough sleepers' cases would follow previous years' figures and be around 1 case prevalent on a single night. However, when considering the predicted and already existent changes in the national economic outlook and UK policies, in a downside scenario, South Norfolk could see an increase of 3 to 4 cases between 2022 and 2028.



- 4.3 Similarly to South Norfolk, Broadland's downside scenario shows an increase of 3 to 4 cases prevalent on a single night. However, presenting the central scenario of expected new cases may fluctuate between 1, 2 and 3 cases... An upside scenario would present no new cases for the years between 2022 and 2028. However, when considering the national economic uncertainty and expected unemployment counts for the next few years, an upside scenario would be unexpected.



- 4.4 South Norfolk and Broadland District Councils have decided to develop a Rough Sleeping Strategy covering the period of 2022-2025, which will be aimed at securing longer-term solutions for our residents, while focusing on the preparedness of our services to be able to provide rapid interventions in periods of crisis such as the Covid-19 pandemic. Most of all, the aim is to continue our work towards our goal to eradicate rough sleeping among our residents.

Equalities and Communities Impact Assessment

Name of Officer/s completing assessment: Victoria Parsons

Date of Assessment: 21st January 2022

1. What is the proposed Policy (please provide sufficient detail)?

For the purposes of the assessment the term 'Policy' relates to any new or revised policies, practices or procedures under consideration.

South Norfolk and Broadland Rough Sleeper Strategy 2022-2025

2. Which protected characteristics under the Equalities Act 2010 does this Policy impact: (indicate whether the impact could be **positive**, **neutral**, or **negative**)

Protected Characteristic	Potential Impact		
	Positive	Neutral	Negative
Age	✓		
Disability	✓		
Race		✓	
Sex	✓		
Religion or Belief		✓	
Sexual Orientation		✓	
Marriage/Civil Partnership		✓	
Pregnancy/Maternity		✓	
Gender Reassignment		✓	

3. Which additional Communities characteristics does this policy impact?

Health	✓		
Place inc. Rurality	✓		
Low Income and Poverty	✓		

3. What do you believe are the potential equalities and communities impacts of this policy?

Please include:

- Partnership organisations worked with in the development of this policy
- Evidence gathered to inform your decision
- Where you have consulted, Who and How this has informed the decision/policy
- Any other groups impacted not detailed above

Note: Impacts could be **positive**, **neutral**, or **negative** and impact groups differently

The strategy articulates the joint commitments by South Norfolk Council and Broadland District Council to eliminate rough sleeping in the two districts. It complements and aligns with, the Greater Norwich Homelessness Strategy 2020-2025 in recognition that elimination of rough sleeping starts with homelessness prevention.

No one should be rough sleeping out of necessity and the vision and strategic outcomes contained within the draft document aim to have a positive impact on all those who are, or at risk of, rough sleeping.

Furthermore, impacts of the pandemic are ongoing and modelling indicates that numbers of rough sleepers in the districts are expected to grow. Challenges identified that can result in increased numbers or prevent positive outcomes include:

- Access to housing including the private rented sector
- Access to health services including mental health and dual diagnosis services.
- Sourcing appropriate accommodation to minimise spread of Covid-19
- Improving economic outcomes for individuals

As part of strategy development a review of the current rough sleeper service was undertaken. This includes demographics of customers referred into the service and has been used to inform this assessment. Full findings from the review can be found at Appendix A to the Rough Sleeper Strategy.

Main findings from the review in relation to the protected characteristics show that of the 116 individuals accommodated through the service:

- 82% were male
- 33% were aged 18-29 and 18% aged 50+
- 10% disclosed a disability
- 4% were an EEA National, 1% were a Non-EEA National and 3% were unknown.
- 5% were in a couple and 3% were families
- 49% had a known mental health issue
- 61% of those with a mental health issue had coexisting substance/alcohol misuse.

It should be noted that the data is for people who have been accommodated by the rough sleeper service and are likely to have been assessed as not having a priority need under homelessness legislation. This might influence why males are disproportionately represented.

Young people are also at increased risk of homelessness and rough sleeping, this is often due to; low wages; lower welfare payments; or where young people are living at home with friends or extended family in often insecure living situations. This has been particularly exacerbated by Covid-19.

We do not have data on; race, religion or belief or sexual orientation and this reflects complexities in gathering data when a swift intervention is needed or where customers may choose not to provide that information.

We are conscious that research by the Albert Kennedy Trust in 2016 found that young people who are lesbian, gay, bisexual and transgender comprise up to 24 per cent of the youth homeless population with the main reasons were parental rejection, abuse within the family or being exposed to aggression and violence. In addition, the *LGBT in Britain Trans Report*¹ by Stonewall in 2018 found that a quarter of trans people have experienced homelessness. Furthermore, the Albert Kennedy trust² in their 2021 *the lgbtq+ youth homelessness* report states that 'Only 35 per cent of LGBTQ+ young people who have accessed a service whilst homeless recall being asked by service providers to provide information about their gender identity and sexual orientation. Just one third (33 per cent) felt safe to disclose this information'.

Shelter analysed government statistics on homelessness between April 2019 and March 2020. It found that a quarter (24%) of people making homelessness applications to local councils were from Black, Asian, and Minority Ethnic (BAME) groups, even though they made up just over a tenth (11%) of all households in England³.

Insecurity of housing, homelessness and the threat of homelessness are major contributors to ill health, particularly mental health with studies indicating that existing health conditions are also exacerbated by homelessness or unsuitable housing.

¹ <https://www.stonewall.org.uk/lgbt-britain-trans-report>

² <https://www.akt.org.uk/report>

³ [Shelter 2020](#)

In addition, a 2017 report by the Local Government Association (LGA): *The Impact of Homelessness on Health*⁴ found that there are correlations between:

- Financial problems and mental health
- Housing insecurity and anxiety, stress, loss of confidence and worry about the future
- Overcrowding and mental health, particularly for children and young people
- Stress, anxiety, depression and other mental health problems and poor housing conditions
- Self-medication with alcohol and drugs.

As noted above 49% of customers into the service had a known mental health issue, however it is expected that this is under reported.

In summary, the vision, priorities and actions of the rough sleeper strategy aim to have a positive impact for all characteristics. It is important that the draft strategy ensures that any actions we take support those at most risk of rough sleeping as seen by our review findings. However, the Councils also need to make sure that this is not at the expense of less represented groups with one or more of the protected characteristics, that actions and the service are accessible and tailored to benefit all customers.

There is work to be done to understand under reported groups, for example, is there under representation, are the right questions being asked by the Councils and if customers feel confident to disclose. Continued engagement with those with lived experience will help us to shape services in the future in addition to procurement of software so that we can better record data.

The strategy will be presented for public consultation in February, following analysis of responses. Final amendments to both the strategy document and this EqCIA will be made. It is expected that the EqCIA will also be updated with every annual strategy review.

Signed by evaluator: Victoria Parsons

Signed by responsible head of department:



Please send your completed forms to the equalities lead to be reviewed and stored in accordance with our legal duty.

REVIEW DATE - _____
(See Page 2 for details of reviews.)

⁴ https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

Agenda Item: 5
Wellbeing Policy Development Panel
2nd February 2022

Development of Health and Wellbeing Strategy in the context of the New Integrated Care System Structures

Report Author(s): Karen Strandoo
Health and Wellbeing Programme Manager
01603 430102
Karen.Strandoo@southnorfolkandbroadland.gov.uk

Portfolio: Housing and Wellbeing

Ward(s) Affected: All

Purpose of the Report:

To present the development of the revised Health and Wellbeing Strategy in the context of the emerging Norfolk and Waveney Integrated Care System structures.

Recommendations:

1. The panel to note the process for revising the Council's Health and Wellbeing Strategy and the upcoming structural changes to Norfolk's health care systems driven by the Health and Social Care Bill.

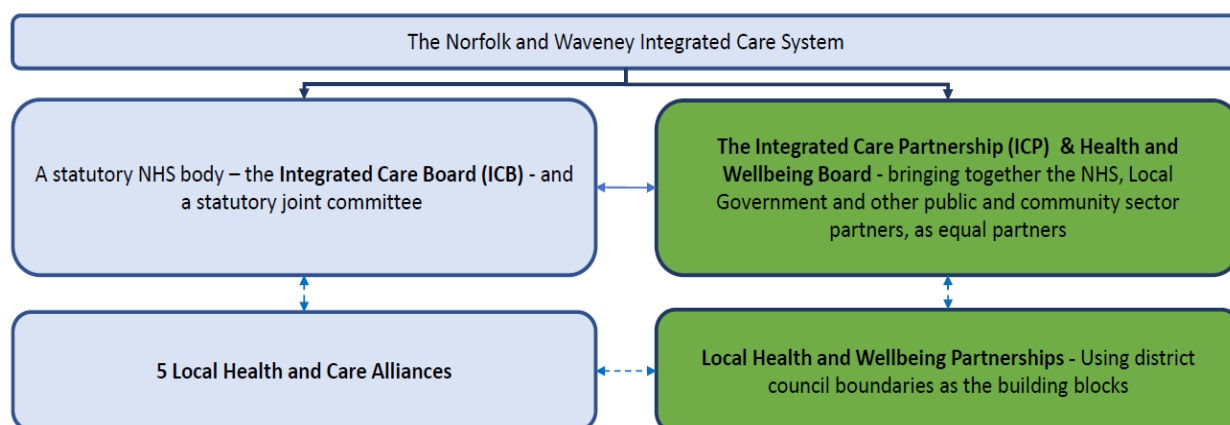
1. Summary

- 1.1. This report describes the emerging new structures for the delivery of NHS services and outlines the process for revising the Council's joint Health and Wellbeing Strategy.
- 1.2. The establishment of new health and care structures, known as Integrated Care Systems (ICSs), provides an opportunity to develop the revised Health and Wellbeing Strategy working with local partners taking into account local population health priorities.

2. Background

- 2.1. Broadland and South Norfolk Councils approved the Health and Wellbeing Strategy (HWBS) in autumn 2019 aligned with the pre-existing joint Health and Wellbeing Strategy (JHWBS) agreed by the Norfolk Health and Wellbeing Board. The HWBS outlined four themes covering the different dimensions of health and wellbeing namely: Falls and Frailty, Employment and Aspirations, Activity and Healthy Living and Mental Wellbeing.
- 2.2. In support of the HWBS, the Councils completed a review of activities in December 2020. The review included plans to produce a revised joint Health and Wellbeing framework from April 2022 taking into account the long term impacts of the coronavirus pandemic and to align to the Joint Strategic Plan.
- 2.3. The introduction of new health and care structures –known as Integrated Care Systems is part of a fundamental shift in the way the health and care system is organised. The objective is to move away from competition and organisational autonomy and towards collaboration with health and care organisations working together to improve population health while embracing the principle of subsidiarity (localising resource and decisions as a precedent).
- 2.4. The Norfolk and Waveney ICS comes into force on 1st July 2022 and will bring greater collaboration to all parts of the health and care system including GPs, hospitals, community care and social care, as well as physical and mental health services, county and district councils and the voluntary sector.
- 2.5. The statutory ICS will be made up of two key bodies, an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The ICB will take on NHS planning functions previously held by the Clinical Commissioning Groups (CCGs) and will produce a five year plan for how NHS services will be delivered to meet local needs. The ICB must have regard for the JHWBS agreed by the Health and Wellbeing Board.
- 2.6. The ICP will operate as statutory committee and bring together partners to focus more widely on health, public health and social care. The ICP will be responsible for developing an integrated care strategy setting out how the wider health needs of the local population are met. This will be informed by the joint Strategy Needs Assessment (JSNA).

- 2.7. In September 2021, Norfolk County Council proposed that the current Health and Wellbeing Board take on the role of the ICP. There may be a need to hold two distinct meetings to meet specific constitutional requirements but the membership would be the same.
- 2.8. Working on a local footprint, two place-based structures are proposed as part of the Norfolk and Waveney ICS, namely 5 Local Health and Care Alliance (based on the previous 5 CCG footprints) and Local Health and Wellbeing Partnerships (based on district council footprints).
- 2.9. The precise functions of these two place based partnerships have yet to be fully formed however the following functions have been outlined through the work carried out to date in developing the ICS:
- **Local Health Care Alliance:**
 - Permission to implement the delivery of local health and care services around the needs of their population.
 - Bringing together better data and using it to identify local opportunities that deliver better operational health and care services.
 - **Health and Wellbeing Partnerships**
 - Assist to shape and have the overview of the local delivery of the Integrated Care Strategy.
 - Creating a local health and wellbeing profile that identifies long term trends and plans how to address the root causes of health inequalities.
- 2.10 The local place-based Health and Wellbeing partnerships involve a broad range of public sector partners, the voluntary sector and local representatives to tackle wider determinants of health and wellbeing. The Partnerships may be chaired by district councils and can put themselves forward to do so. It is envisaged that these place-based structures should work closely together and will need to develop their working arrangements and priorities.
- 2.11 The Norfolk and Waveney Integrated Care System is outlined in the figure below:



3. Current position/findings

- 3.1 The Covid-19 pandemic accelerated the pace at which local councils worked collaboratively with partners and in doing so has boosted working relationships and innovation across the local system. Of particular value during the pandemic was the relationship between the NHS and local government, and the emergence of the ICS provides an opportunity for partnership working to be further developed.
- 3.2 The impacts of the Covid-19 pandemic and the forecasted economic downturn have highlighted health and wellbeing issues which should be considered in revising the HWBS.
- 3.3 In particular the establishment the Local Health and Wellbeing Partnerships in April 2022, as part of the ICS structure provides, an opportunity for BDC/SNDC to revise the current HWBS in collaboration with participating organisations such as Public Health, representatives of the voluntary, community and social enterprise sector, NHS providers, social care providers, housing associations, education and the constabulary.
- 3.4 Norfolk Health and Wellbeing Board is currently undertaking a review of the JHWBS, due for completion in spring 2022, which will need to take account of the new Norfolk and Waveney Integrated Care System (ICS). Findings from initial workshops on the refresh of the JHWNBS report that lessons should be learnt from the response to the pandemic, there should be a focus on tackling health inequalities and a greater collective effort is needed on prevention especially in the face of mounting financial pressures on health and social care services. It is anticipated that the revision of the Councils' HWBS will align with the JHWBS as it is being refreshed.

4. Proposed action

- 4.1 The formation of Health and Wellbeing Partnerships presents a real opportunity to drive better integration of health and wellbeing services across the whole of the public sector. Importantly the Health and Wellbeing Partnerships with a focus on localism, will enable the Councils to proactively contribute to the health wellbeing of Broadland/South Norfolk residents and be more influential in local health and social care policy.
- 4.2 The Councils with knowledge of their local populations can also take this opportunity to become a place leader fundamental to prevention and tackling health inequalities. The Councils can also play a significant role in developing the maturity of the Partnerships to be ready for the receipt of delegated authority and resources.
- 4.3 With these opportunities in mind the Councils' HWBS will be revised, in collaboration with Health and Wellbeing Partnerships, with a view to completing a strategy in the autumn of 2022. This timeframe will permit the involvement of a wide group of organisations with the objective of making the HWBS more impactful as well as providing a platform for better joint ownership of outcomes.
- 4.4 Prior to completing a draft strategy internal workshops will be held with officers and councillors at which time local population health data will be presented. It is

anticipated that the revised strategy will align with the Councils' Delivery Plan, to be agreed in March 2022 and other strategies which also include aspects of health and wellbeing. For example the Inclusive Growth Strategy relates to the theme of Employment and Aspirations. The revised HWBS may also need to consider upcoming Adult Social Care Reforms and the impacts these may have on Better Care Funds.

- 4.5 The objective of the revised strategy will be to evaluate baseline health data upon which the Councils' can agree clear steps to achieving improvements to the health and wellbeing of local residents.

5. Issues and risks

- 5.1 **Resource Implications** – The revision of the HWBS will be completed using existing staff resources in the Policy and Partnerships Team. Additional resources may also be required when undertaking workshops which will be allocated from existing budgets.

- 5.2 **Legal Implications** – There are no legal implications in revising the Councils' HWBS.

- 5.3 **Equality Implications** – There are no immediate equalities implications. Health is a specific consideration under the South Norfolk and Broadland Equalities and Communities Impact Assessment (EqCIA) and the subsequent HWB Strategy will aim to have a positive impact. A full EqCIA will be completed as part of the development of the strategy.

- 5.4 **Environmental Impact** – None.

- 5.5 **Crime and Disorder** – None identified.

- 5.6 **Risks** – None identified.

7. Conclusion

- 7.1 The Council's HWBS strategy will be revised during 2022 working closely with members of the Health and Wellbeing Partnerships which are emerging from the introduction of the ICS in Norfolk.
- 7.2 Revisions to the HWBS will take into account the impacts of Covid-19 pandemic on the local population and be aligned to the Joint Strategic Plan and the refreshed JHWBS.

8. Recommendations

- 8.1 The panel to note the process for revising the Councils' Health and Wellbeing Strategy and the upcoming structural changes to Norfolk's health care systems driven by the Health and Social Care Bill.

Background papers

- Norfolk and Waveney Health and Wellbeing Board Joint Health and Wellbeing Strategy 2018-2022. Can be found [here](#)
- South Norfolk and Broadland District Council Health and Wellbeing Strategy Update 2020 .Can be found [here](#).
- <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>