

Annex A

Published Local Authority Rough Sleeping Delivery Plan

Local Authority: Exeter City Council

Funding type	Allocation
Total NSAP Funding Allocated (short-term immediate move on)	£ 440,799
Total RSI Funding Allocated	£ 917,850
Total Cold Weather Funding Allocated	£ 50,000
Total RSAP Funding Allocated (long-term capital and/or revenue for homes)	£ 1,852,448 (Capital) £ 90,250 (Revenue)
Total Rough Sleeping Funding Allocated 2020/21	£ 3,351,347

Homelessness and Rough Sleeping Strategy

What is your local area target for reducing rough sleeping during this year, and subsequent years?

Our aim in Exeter is to drive a minimum 25% incremental decrease in rough sleeping numbers year on year from 2020 onwards as part of working towards the national target of ending rough sleeping by 2024. Sustained reduction of Rough Sleeping numbers in 2020 has been severely hampered by the pandemic and the inability to use shared sleeping spaces.

Do you have a published Homelessness and Rough Sleeping Strategy? If so, please provide a link

- [Homelessness Strategy](#)
- [Updated Action plan](#)

Key Objectives

End rough sleeping

What is the overall plan for ending rough sleeping in your local authority?

The overall plan is to increase the supply of homes with wraparound support dedicated to the individual needs of people rough sleeping. Accommodation will encompass a portfolio of housing options ranging from emergency use 1-bed units to shared housing and self-contained flats all with bespoke support interventions where needed and available.

Initial reduction of rough sleeping in Exeter will be achieved through the following interventions

- To continue to support the ongoing work of our Rough Sleeping Initiative Funded projects which include delivery of additional bed spaces through Housing First tenancies (pending an internal review of the initial pilot), a repurposed local hostel, increasing tenancies in the private rented sector and re-mapping the need for night shelter bed spaces into alternative 1-bed self-contained housing models.
- To bring online a further 25-30 units of emergency housing for rough sleepers this winter, replacing those lost shared sleeping spaces due to the current pandemic.
- Working with partners and utilising funds through the Next Steps Accommodation Programme to bring online 30 new units of accommodation acting as “halfway homes” by the 31st March 2021.
- Building on the identified need under NSAP to deliver 20 new homes across repurposed local RSL stock
- Utilisation of the Move-on Fund supported by ECC capital for the delivery of 26 new homes for young persons at risk of homelessness and 10 new homes in HMOs for rough sleepers
- Remapping of the single homeless pathway ensuring there is appropriate housing at each stage of the pathway
- Enhancing the supported housing move on offer e.g. by expanding operational initiatives such as navigator working and mental health treatment interventions alongside remodelling the floating support service delivery.
- Ensuring everyone who meets the ‘Tenancy Ready Criteria’ is assisted to move on into independent housing and aligning the criteria as a fundamental part of target outcome work.
- To assist 100 people to move on through the supported housing pathway each year, freeing up spaces for those in highest priority for supported housing.
- Early identification and assessment of all new rough sleepers to the streets with triaging to Housing Options appointments
- Continued work to develop and forge new relationships with landlords and providers to bring on new housing in and around the city

Entrenched Rough Sleeping Cohort (Target Priority Group/Target Thousand Group)

How do you plan to move your long-term and repeat rough sleepers into sustainable accommodation with support?

Alongside the desire to expand our Housing First model we are remodelling our single homeless pathway to ensure that wherever possible we meet the needs of long-term and repeat rough sleepers accessing sustainable accommodation and support. As each individual’s housing need and journey differs a range of options and ongoing support person-centred interventions will help to determine readiness for independent accommodation beyond the “the system”.

We plan to continue developing bespoke, flexible and responsive support currently being developed under the revised housing-related support offers in the local pathway and in delivery in services such as Housing First and Navigators. These services are working in partnership to produce more holistic

and better sequenced wraparound offers and we are committed to continuous improvement in the quality and delivery of strength-based interventions that empower and enable individuals in their recovery from homelessness. We are also keen to develop more partnership-based meaningful occupation and employability opportunities alongside health and wellbeing recovery initiatives. Additionally we would like to develop opportunities for personalisation via co-production of initiatives such as personal incentives and self-managed personal / household budgets.

Shorter-term/Interim Accommodation & Immediate Support Plan

How do you plan to move people currently in Emergency Accommodation into longer term provision to prevent a return to rough sleeping?

Housing assessments alongside Personal Housing Plans and strength-based assessments have been drawn up to identify individual need and ability and map to available tenancy and other life skills support services. This also identifies where specialist service interventions may be needed and how that service can be fast-tracked / outreached in order to support tenancy maintenance and preparation for move-on. Initial move-on housing will be supplied through a blend of NSAP properties, new developments under our Housing First and Tenancy ready schemes and prospective arrangements with leasing schemes; all of which will enable people to move on from emergency accommodation.

Longer-term Move-on Accommodation Plan

How do you plan to deliver and design longer term accommodation and support options to tackle rough sleeping?

Through partnership development work, some examples of which are cited in the Key Objectives section above Also through the exploration of further development opportunities via the Council's housing development programmes.

Winter Planning

What are the current winter plans for your local authority?

With the inability to use shared sleeping spaces due to the pandemic we will be seeking to provide an additional 25 to 30 units of emergency accommodation throughout the winter period. Use of shared sleeping spaces will be minimal and only be used as an absolute last resort (subject to operating principles, risk mitigations and sign off with Public and Environmental Health) and only for those individuals where other options are not currently available. However we are continuing to investigate options new bed spaces in the community (through businesses, faith and community groups and private sector housing) as well as scoping for crash pad sites in the new year. Early identification and fast tracked assessments alongside triaging to Housing Options assessments is being used with all new rough sleepers on the streets.

Through the cold weather fund we propose to add additional “spot-purchase” B&B accommodation for rough sleepers by working with local accommodation providers less regularly engaged for homelessness relief. This will provide 15 extra units of accommodation to operate over the winter months from December to the end of March 2021. In circumstances where it may not be feasible for a rough sleeper to move directly into a B&B setting a suitable established supported housing bed space will be freed up via a move-on in order for a rough sleeper to be accommodated.

Severe weather emergency accommodation

For any remaining / arriving rough sleepers we will also provide a baseline minimum offer of emergency overnight accommodation during periods of adverse / extreme weather. A minimum of 210 bed space nights will be procured via hotels and B&Bs between December and the end of March. It is anticipated that this number of bed spaces will be enhanced with additional beds at both the (ex-) night shelter and the main city hostel following successful risk assessment and mitigation measures (including testing regimes) alongside local public health partners.

Protecting and improving the health of people sleeping rough

The health-led response for people experiencing rough sleeping during the COVID-19 pandemic has seen unprecedented levels of new and multi-disciplinary working between health care, local government (public health, social care and housing), and homelessness service providers, including the voluntary and community sector. We want to ensure that this continues and that the health and care needs of your population are central in your plans for additional provision.

As part of your delivery plans you will want to consider the need for alternatives to hospital care for people with health and care needs who are rough sleeping, especially those who are considered clinically vulnerable.

Please describe how will you use this funding to ensure the health and care needs of people experiencing rough sleeping (including physical and mental ill-health, drug and alcohol needs) and are understood and met?

This may include

- Proactive clinical and/or social care assessments to understand vulnerability to serious illness from Covid-19, and to inform housing, care and support decisions
- (Alongside accommodation) health, care and support
 - To enable people to protect themselves from Covid-19 (including those who are clinically vulnerable/clinically extremely vulnerable), wherever they are currently living e.g., in emergency accommodation
 - For individuals who are symptomatic/test positive for Covid-19 and/or are recovering from Covid-19 (Covid-Care)

- To enable individuals to be safely discharged from hospital, provide continuity of care and safeguard (e.g., specialist discharge co-ordination, 'step-down'/'intermediate care', 'patient in-reach housing support/social work' or 'out-reach' health care professionals etc.)
- To prevent inappropriate attendance/admission to hospital ('step up'/'intermediate care' or other community based model e.g., social care/primary care in emergency or other temporary accommodation)
- To otherwise improve outcomes for individuals whilst reducing pressures on NHS services during winter/the pandemic

Thorough assessment of health needs has been an ongoing priority since the outbreak of the pandemic in March 2020 when all rough sleepers with shielding needs were accommodated. Most remain accommodated and there is a small cohort identified as being the CEV category (single figures) currently prioritised for an early offer of accommodation in newly procured emergency hotel bed spaces. Exeter has been working with local PHE and primary and social care partners in a multi-agency homelessness response cell since April. This cell has been delivering on plans prioritising housing, essential supplies and support to all rough sleepers through the pandemic and continues to develop multi agency responses to fundamental issues such as CV-testing, isolation and outbreak management plans and core vaccinations. Protection of those most vulnerable whilst maximising accommodation and support for those less vulnerable is central to the ongoing work.

All rough sleepers are supported to register with Clock Tower Surgery wherever appropriate in order to receive full health checks. The funding will enable services to continue to prioritise anyone identified as having a clinical vulnerability relating to CV19 being provided with an immediate priority placement in emergency self-contained accommodation.

Rough sleepers presenting with complex needs are prioritised for a mental health assessment and adult safeguarding referrals are also completed where appropriate as a result of interventions from the specialist CMHT, Adult Social Care and substance misuse navigators working in the community Colab. Vulnerabilities are flagged via the RS co-ordinator to ensure prioritisation for accommodation in order to minimise risk of further harm and / or hospitalisation.

There is also a pro-active vaccination programme roll out (flu vacs) operating via nurse outreach and peer support mentoring.

Testing has been challenging for those rough sleepers and services working with them in terms of engaging a complicated testing service requiring close liaison, isolation measures and transportation to test centres. The funding will be used to procure additional self-contained bed spaces for which lateral flow tests will also be prioritised through local public health team supply.

A designated Hospital Discharge worker operates from the main hospital and refers discharging homeless patients to supported homelessness accommodation services. RSI funding currently provides for GP and nurse outreach to be available on request from the main homelessness GP surgery.

Where possible hospital admissions have been reduced by working closing with services, such as drug and alcohol, mental health and primary care services to ensure the immediate needs of rough sleepers can be assessed and met. Weekly multi-agency meetings allow for detailed discussion of rough sleepers any individuals with signs of health deterioration are prioritised and accommodated as quickly as possible.

Presently there are two outreach services, pastors and street marshals making contact with and reporting rough sleepers particularly in relation to health risks. Alongside additional “block-booked” bed spaces the funding will also support further beds to be set up in risk managed communal spaces at 2 local hostel settings. These will be used for severe weather purposes and are being supported under public health risk assessment and testing measures.

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