

No Homelessness in Norfolk

Resetting the system – a partnership approach

Contents

1-	Recommendations	3
2-	Headlines.....	3
3-	Introduction	4
4-	Objectives.....	5
5-	The Cost of Doing Nothing -The Impact of Homelessness and Rough Sleeping on the Norfolk System.....	6
5.1	The Benefits of Investing in Interventions – Public Health England 2018.....	7
5.2	Cost of Homelessness and Rough Sleeping	8
5.3	Example of costs	8
5.4	Norfolk Homelessness.....	9
6-	A System Wide Approach to Homelessness	11
6.1	Immediate Recovery Plan	11
6.2	A Single Central Record.....	12
6.2.1	A Pathways Approach	12
6.2.2	Person Centred Support.....	13
6.3	The Cost of Support	14
7-	Housing Solutions – Short Term.....	15
7.1	Districts Short Term Planning	15
7.2	Migrants and Housing.....	17
8-	A Long-Term Plan.....	17
8.2	Norfolk Strategic Housing Partnership	18
8.3	Resources required to deliver.....	19
9-	Recommendations	19
	Appendix 1 – Existing hostel and supported accommodation	20
	Appendix 2 – Norfolk support costs.....	21
	Appendix 3 – Simple cost modelling	22
	Housing First Modelling	22
	Appendix 4 - Demand -Homeless Trends.....	23
	National Trends and Forecasts	23
	Appendix 5 - The Norfolk Picture.....	24
	Police Incidents and officer time at some of the hotels used to house rough sleepers.....	24
	YMCA - Anecdote	24
	Appendix 6 – Community Hub – see PowerPoint attachment	25

1- Recommendations

We request the group agree and sign up to the four key recommendations;

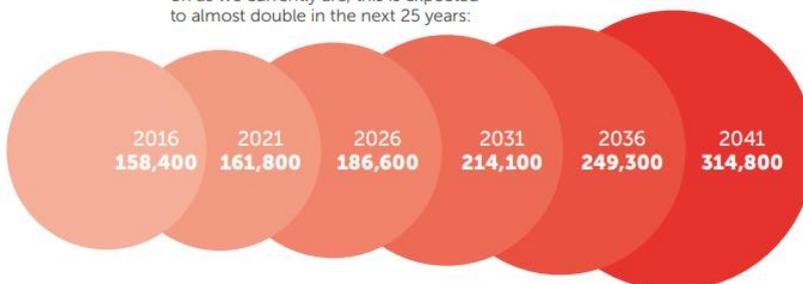
1. The formation of the Strategic Housing Partnership to oversee and inform a strategy for 'No homelessness in Norfolk' reporting to the Chief Executive Group.
2. That there is a county wide approach to the provision and commissioning of support providing Housing First, Floating Support and specialist teams within a pathway approach delivered through a local delivery model.
3. Agree a bid for funding is made to MHCLG, Norfolk County Council, District Councils, Health, the Police and Criminal Justice to fund 2 above.
4. Agree a shared resource (0.5 FTE for 12 months) to support the development of the strategy and immediate formulation of funding bid.
5. Agree a chair for the Strategic Housing Partnership it is a recommendation this is not the shared resource to provide governance assurance.

2- Headlines

- The real costs of homelessness are the damage it can do to health, well-being and life chances. However, significant spending may be occurring, which is not alleviating homelessness, if this money were redirected into enhancement of preventative services and effective models for ending homelessness, such as Housing First, the human and financial costs of single homelessness could be reduced.
- There were an estimated 726 deaths of homeless people in England and Wales registered in 2018. With an estimate of 12 in Norfolk¹
- The current single homeless population of 40,000, based upon average estimates could accrue annual public expenditure of up to £1.38 billion.²
- Public spending would fall by £370 million, if 40,000 single homeless people were prevented from experiencing one year of homelessness, based on an average estimated reduction in public spending of £9,266 per person, per year.
- The average cost of being homeless for one year is £34,518.

Why now?

There are almost 160,000 households experiencing the worst forms of homelessness in Britain. If we carry on as we currently are, this is expected to almost double in the next 25 years:



¹ <https://www.edp24.co.uk/news/homeless-norfolk-waveney-nine-people-die-on-streets-1-6301601#:~:text=According%20to%20data%20from%20the,may%20have%20died%20while%20homeless.>

² https://www.crisis.org.uk/media/20680/crisis_better_than_cure_2016.pdf

3- Introduction

There is a real opportunity to make a significant and lasting impact on the lives of people across Norfolk, to increase their health and wellbeing and their life chances. This change is to significantly reduce homelessness and rough sleeping.

In response to the outbreak of the Global Pandemic of the Coronavirus, known as Covid-19, Dame Louise Casey wrote to all Local Authorities across England requesting that anyone who was street homeless or currently living in dormitory style emergency housing was to be accommodated within 24 hours, to minimise the risk of them contracting Covid-19. This has subsequently been known as 'Everybody In' and will be referred to, as such in the rest of this document.

A Norfolk partnership of all district authorities, health, Public Health, Registered Housing Providers, the police and the County Council supported over 600 homeless people into safe accommodation. The task now is to build on the approach in safely accommodating rough sleepers and those in temporary accommodation to make a lasting change.

There is a system wide ambition and resolution not to return to pre Covid-19 levels of homelessness and rough sleeping and a determination to work on an inclusive housing recovery plan coupled with a long-term strategic aim of 'No homelessness in Norfolk'

Evidence tells us that the health of people experiencing homelessness is significantly worse than the general population, and the cost of homelessness experienced by single people to the NHS and social care is considerable. The last conservative estimate (2010) of the healthcare cost associated with this population was £86M per year.³ with a total system cost of over £1b.

This strategy sets out the ambition for Norfolk, the cost of doing nothing and outlines the governance and actions required to make 'No Homelessness in Norfolk' a reality.

First and foremost, the focus of this strategy will be on people who are roofless and rough sleeping. However, we know (from experience) that people are often on the periphery living in other forms of insecure accommodation and will sometimes have no option but to sleep rough. The various types of situations are below:

1. Roofless - people sleeping rough.
2. Houseless
 - a. people in accommodation for homeless people (direct access hostels).
 - b. people due to be released from institutions (prison and hospital)
 - c. people receiving support (due to homelessness i.e. in supported accommodation).
3. Insecure – people living in insecure accommodation (squatting, sofa surfing).⁴

³ The Impact of Homelessness on Health – Local Government Association (2017)

⁴ Taken from

https://www.norwich.gov.uk/download/downloads/id/4629/tackling_rough_sleeping_strategy_2017-22.pdf

4- Objectives

The purpose of the business case is to set out the framework for a recovery plan for Norfolk that will form the basis of a sustainable and affordable approach to achieving 'No Homelessness in Norfolk'. It outlines how a safe transition into appropriate accommodation will be achieved for those currently temporarily accommodated and details a housing led pathway approach that enables people to sustain their accommodation or have a clear pathway into permanent accommodation.

An outline of the governance structure proposed to manage this ambitious plan and the resources required to make it a sustainable and system wide reality are also set out.

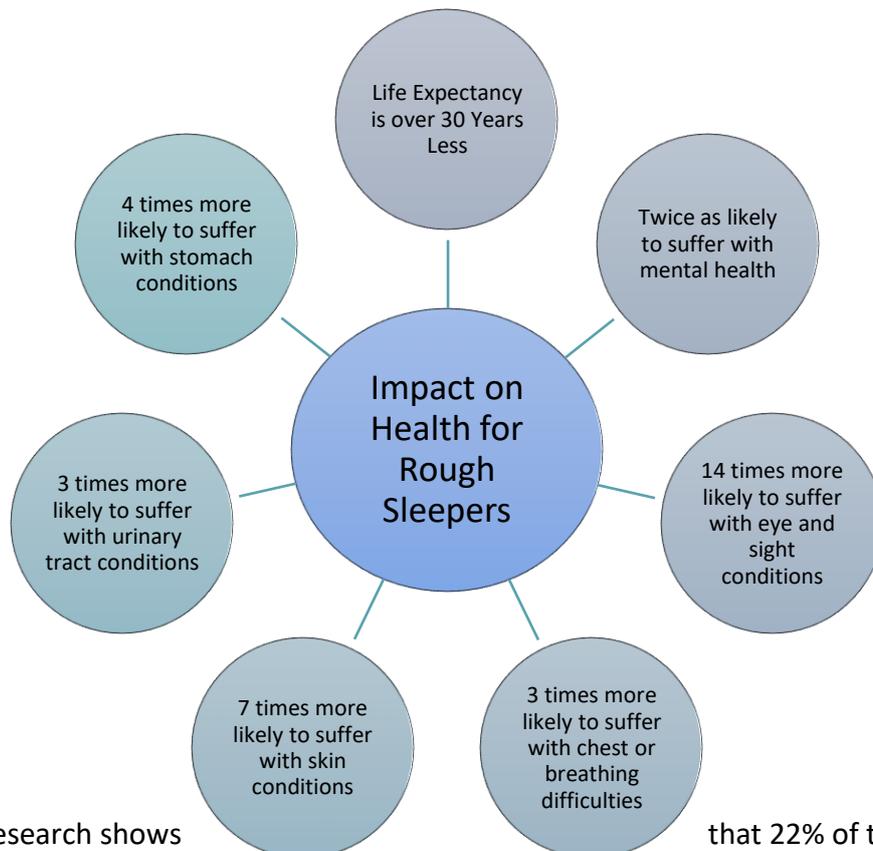
The objectives are:

1. A detailed recovery plan for the current homelessness/rough sleeper accommodated under Covid-19 and to build sub regional funding application for support and accommodation.
2. A detailed plan for a longer-term, whole systems partnership and strategy to alleviate rough sleeping and homelessness and build a strategic approach to the development of supported and independent housing for mental health, learning difficulties and those with a physical disability at risk of rough sleeping.

5- The Cost of Doing Nothing -The Impact of Homelessness and Rough Sleeping on the Norfolk System

Rough Sleeping is not just a housing issue. The impact on the whole system including health, social care, the police and criminal justice system is significant and that is why a joined-up approach to tackling this issue and preventing new individuals from entering the streets is of benefit to everyone.

The cost of homelessness in England was reported as being up to £1 billion (gross) a year in 2012⁵.



National Research shows people (16-24) and 6% of

that 22% of those young Unaccompanied Asylum Seeker

⁵ [Evidence review of the cost of homelessness](#)

Children (UASC) accessing homelessness services have previously been in the care system⁶. Therefore, it is all of our responsibility as Corporate Parents to ensure we reduce this figure and that Norfolk sets a trend that those who have been ‘looked after’ do not later become rough sleepers with poor health outcomes and a lower life expectancy.

Homelessness and rough sleeping also has an impact on the wider environment and perception of ‘place’. There is much local and national activity to create and maintain welcoming and safe city centres and urban environments. Street homelessness has broader reputational and economic impacts across retail and tourism.

Did you know?
21.5% of Rough Sleepers have reported to Self-Harm
35% of Rough Sleepers do not eat 2 meals a day
32% of Rough Sleepers have suicidal thoughts
Rough Sleepers often access Hospitals instead of GPs

5.1 The Benefits of Investing in Interventions – Public Health England 2018



⁶ Young & Homeless 2018 – Homeless Link

5.2 Cost of Homelessness and Rough Sleeping

National evidence indicates that costs incurred through homelessness and rough sleeping fall into four main categories:

- Local authorities through use of homelessness services (e.g. spending on temporary accommodation and other housing and support based services for homeless people funded by local authorities);⁷
- Costs to the Exchequer through increased use of public services such as NHS, Adult Social Care and criminal justice services; (see Appendix 6 for snapshot of police incidents at a sample of hotels used for rough sleepers during pandemic)
- Reduced earnings (and tax revenue) from reductions in the number of people able to work; and
- Reduced wellbeing as a result of a lack of secure housing and impact on the life chances of children.

The Crisis report (2018) indicates that for every £1 invested in solutions for people who are homeless or rough sleeping, £2.8 is generated in terms of wider system benefits.

5.3 Example of costs

There has been little detailed work in Norfolk to understand the locality specific costs to the system of rough-sleeping and homelessness however there is national and eastern region data which supports a broad indication of the costs we face if we return to pre C19 levels of homelessness and rough sleeping.

Broadly the costs to the system of homelessness can be represented through repeated presentations to LAs, the net cost of temporary accommodation, increased use of health and support services.

Crisis commissioned a study published in 2016, which summarised costs of single homelessness for one year.⁸

Table 1

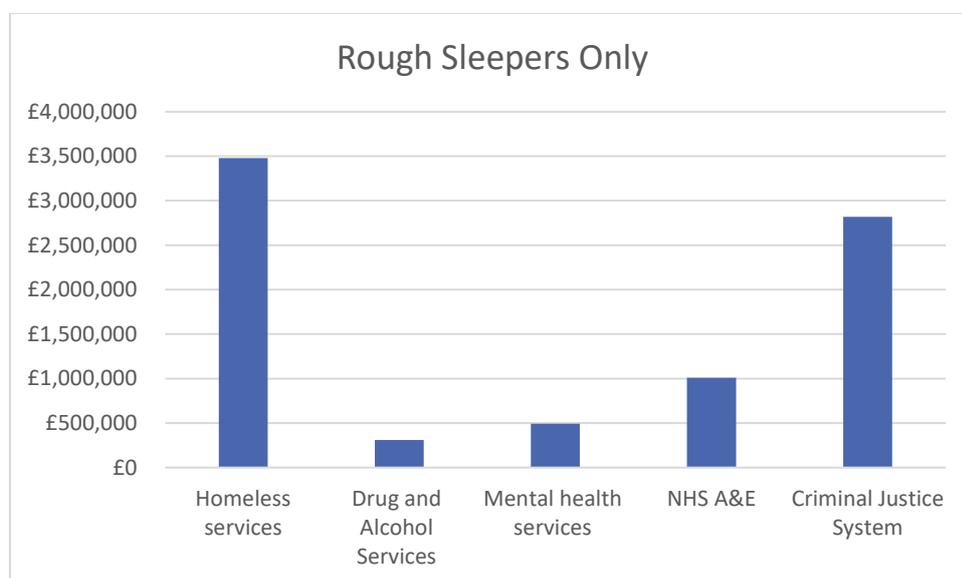
System cost	Estimated average per person
Homeless services	£14,808
Drug and Alcohol Services	£1,320
Mental health services	£2,099
NHS A&E	£4,298
Criminal Justice System	£11,991
Total	£34,518

⁷ District Councils have responsibilities under the Housing Act 1996 and Homelessness Reduction Act 2017 to prevent and relieve homelessness. County Councils fund housing related support services including homeless hostels and supported housing for victims of domestic abuse, young people and single homeless people

⁸ https://www.crisis.org.uk/media/20680/crisis_better_than_cure_2016.pdf

If we explore the likely costs for just identified rough sleepers (235) in the single central record, we can estimate the likely annualised cost to the system to exceed **£8m**.

Chart 1



As with all data that averages costs across an entire system there will be significant variation, the duration and success of the interventions also is variable and has a significant impact on overall cost, however the data above does provide an indication of the range of services that a rough sleeper or homeless person will come into contact with whilst homeless. If a person can be supported through a pathway approach it can be safely assumed that the costs above will be reduced. Appendix 3 also highlights national trends and demand increasing in the future.

5.4 Norfolk Homelessness

Table 2 Rough Sleeper Numbers

Council Area	2013	2014	2015	2016	2017	2018	2019
Norwich	5	13	13	34	30	21	18
Kings Lynn & West Norfolk	3	3	5	42	9	5	3
Breckland	4	6	4	3	1	5	16
South Norfolk	0	0	0	0	1	3	0
Broadland	1	1	1	0	2	2	1
Great Yarmouth	7	12	9	7	3	10	21
North Norfolk	5	1	3	2	5	9	10

The data table above shows the number of Rough Sleepers counted during the annual count, which takes place, usually in November each year.⁹

The count is then reported to Homeless Link, who record all the reports for the whole Country. The counts and estimates process are a snapshot of the numbers of people likely to be sleeping rough each night during a given period each year, and which can subsequently be used to track trends nationally and locally. Some areas carry out a physical count, whereas other areas instead carry out an estimate using local intelligence gathered from a number of statutory, non-statutory and voluntary organisations who are likely to deal with those who are rough sleeping. As a result of the ‘Everybody In’ call these numbers rose significantly. Whilst a number of people have moved through the system the table below represents the returns from all districts to MHCLG as at 10th June.

Current Cohort	B & SN	GYBC	BCK	KLWN	NNDC	NOR	Total
a. Please provide the number of single people currently in emergency accommodation in response to the Covid-19 pandemic (see glossary above).	15	20	8	23	13	27	106
b. Where you have concerns regarding emergency accommodation that will not be available for as long as you would need it, please set this out, indicating the number of individuals affected and any end dates of concern	0	4	0	19	3	0	26
c Please provide the number of single people currently in Temporary Accommodation (TA) in response to the Covid-19 pandemic (see glossary above).	46	55	15	8	3	27	154
d. Of the people in accommodation how many do you estimate will need the following types of accommodation and support to move on							
I. Housing First/Supported Housing with intensive support	2	20	1	23	4	1	51
II. Supported housing or housing led with floating support	7	29	4	6	5	13	64
III. PRS/social housing tenancy with start-up floating support	7	24	17	2	6	2	58
IV. Assistance to reconnect to family and friends/return home	0	1	1	0	0	2	4

NB These numbers are a minimum as the cohort requested for this return to MHCLG relates to single people who are still accommodated as a result of ‘Everybody In’ and not all those in temporary accommodation.

⁹ Data taken from Homeless Link Rough Sleeper Data <https://www.homeless.org.uk/facts/homelessness-in-numbers/rough-sleeping/rough-sleeping-explore-data>

6- A System Wide Approach to Homelessness

While Norfolk has seven housing authorities who all operate under the same legislation the issues faced by each authority vary according to their population centres, levels of deprivation and demography. People who are homeless may gravitate to urban centres for service provision or where employment may be available. The offer, across the system, needs to reflect the 'push and pull' factors while recognising that people do not live and work according to organisational boundaries.

If a particular or different approach is taken in one district, then it will have an impact across the system, therefore while local authorities are autonomous bodies the action required now needs to be coherent and joined up across the county, this will ensure an equitable approach to individuals and minimise push and pull factors.

As part of both the recovery and long term plan a step-down approach needs to be agreed for key groups such as those leaving hospitals, care or institutions, this will reduce the number of single people who are at risk of or who become homeless or rough sleeping. These groups of people are known to have poor housing outcomes and a clear pathway of accommodation and support will contribute to the overall reduction of recurring homelessness.

6.1 Immediate Recovery Plan

A detailed recovery plan for the current homelessness/rough sleeper accommodation under C19 is detailed here – so we do not return to a situation of increasing homelessness and rough sleeping with all the associated impacts and costs for health, social care and the wider system. There is an urgent need to lessen the impact of a widening inequalities gap and the potential for increased homelessness during phase3/phase 4 of Covid-19 with the social and economic impact from the pandemic.

Accommodation solutions have been discussed in district council areas with partners and the housing needs of those requiring accommodation explored. Solutions will be local authority specific reflecting the resources and demands in particular areas, albeit the lack of new accommodation supply remains a challenge across all districts.

The support approach however is universal; a housing first approach for those with the highest level of needs with graduated support, in dedicated accommodation and hostels and floating support, for those with lower levels of need. A feature of the overall approach is that it is housing led focusing on providing secure homes rather than temporary accommodation and that appropriate support is provided to ensure a sustainable solution. A pathways approach will ensure that there are clear transitions between the different types of accommodation required and that specialist supported housing is not silted up.

The overall approach is summarised thus:

- Locally devised housing options, driven by the Local Housing Authorities and partners, building on the resources available in each part of the county
- A universal approach to support utilising a housing led approach which includes clear step-down pathways for people most at risk
- Locally developed support delivery achieved in partnership with health, criminal justice, RPs, County and the Voluntary and Community Sector.

It is likely that existing services commissioned by health, NCC, LAs and the Police will need to be reconsidered in the light of the significant demand for support services.

6.2 A Single Central Record

Throughout the C19 'Everybody in' initiative data has been collected and co-ordinated through the Single Central Record (SCR). This resource forms a record of all people accommodated and supported throughout the pandemic. It is a dynamic document tracking outcomes and risk ratings across the county, it also differentiates between those who have been rough sleeping and those who are homeless. While the total number of people varies, as people come onto the record and some leave, when successfully accommodated, the totals of the SCR form a comprehensive account of people rough sleeping and a conservative estimate of those in temporary accommodation, all of whom will need support to maintain their housing in the future.

6.2.1 A Pathways Approach

Existing support services are based on the evidence-based view that people need appropriate and timely expert support to transition from, sometimes chaotic, lifestyles to independent living. Mental and physical health factors need to be addressed, combined with support around addictions and antisocial behaviour which may have resulted in a cycle of homelessness and rough sleeping.

There will also be those for whom the real issue is access to suitable accommodation – there is much evidence showing that poor quality or lack of housing can lead to mental and physical health problems as well as addiction. The provision of suitable housing with very light touch, short term, support and advice may well be all that is needed for some people to transition from homelessness to stable, independent living.

A pathways approach to homelessness in Norfolk recognises that emergency accommodation may always be necessary to provide a quick and safe solution for people prior to sourcing a more permanent solution. It also recognises that not everyone's needs are the same and the support and accommodation requirement will also be individual within a system which provides a range of appropriate options to meet needs. A progressive and systematic approach to the prevention of homelessness however will be needed if any gains from 'Everybody in' initiative are to be sustained.

A pathways approach will be a lasting legacy of the response to Covid-19 and form the strategic response to ensuring the number of rough sleepers is permanently reduced to the minimum level it can be. It is recognised, that sadly, some rough sleepers have not engaged with "Everybody In" and so rough sleeping is unlikely to be fully eliminated.

6.2.2 Person Centred Support

Existing services in Norfolk range from direct access hostels to specialist floating support for those with particular issues such as mental health or addiction problems and are provided through the third sector, local authorities and specialist health services. The most effective services are those which are agile, able to respond quickly to need and take a multi-disciplinary approach to meeting needs.

Intensive Support

For those with the highest support needs, it is likely that Housing First would be the most appropriate housing solutions for them. Housing First as an approach is well evidenced to be effective for those with the highest levels of needs.¹⁰ A number of the Rough Sleepers still 'out' across Norfolk are either still 'out' because they don't want the interim housing solutions offered, or because they were accommodated but have failed without the right support in place to maintain the accommodation offered.

Housing First can take a range of forms and offers a proven method of effective support that can be implemented relatively quickly assuming that properties can be secured. 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. Housing First is a different model because it provides housing 'first', as a matter of right, rather than 'last' or as a reward.

Direct access hostels will work alongside the housing first offer and may provide an interim solution to stabilising needs and ensuring appropriately located housing is provided. The accommodation of those with high needs will not be welcomed in all communities and this aspect will need to be carefully managed – hostels will remain a feature of the spectrum of services needed to ensure a safe transition to independence.

Intermediate Support

Social, mental and physical health is negatively impacted for those who struggle to maintain tenancies or access secure, suitable housing. Those currently in temporary accommodation or bought in as a part of the 'Everybody in' initiative will require both accommodation and support. This can be provided as part of supported housing (in group or individual settings) or in targeted support in permanent accommodation.

There is much experience in Norfolk in delivering person centred support in people's own homes (floating support). This support combines welfare/benefit advice with specialist support to manage health conditions and tackle antisocial behaviours.

¹⁰ ¹⁰ [A systematic review of outcomes associated with participation in Housing First programs](#)

JR Woodhall-Melnik, [JR Dunn](#) - **Housing** Studies, 2016 - Taylor & Francis

¹⁰ [Housing First-Where is the evidence?](#) J Waagemakers Schiff, J Rook - 2012

Again, the existing network of supported housing and hostels can be used to compliment intensive housing support to those with intermediate needs.

Low level support

Those who are homeless and who do not have significant support needs require accommodation and access to low level support when needed. Support to this cohort is crucial in preventing escalation of needs and deterioration of their housing situation. Floating support is best to meet these needs, as the requirement for support is short term and mainly required as part of the transition to accommodation from homelessness.

6.3 The Cost of Support

From the detailed information held on the single central record it is possible to cost both potential housing and support costs for current cohort of people temporarily housed as a result of C19. This estimation is based on hypothesising the known support costs of existing and proposed support mechanisms and matching these to the risk and need factors known and recorded on the SCR.

The SCR represents a complete record of **688** people who have been accommodated as part of the 'Everybody In' approach or are homeless and in temporary accommodation. **230** of these were rough sleepers and **458** homeless and accommodated in temporary accommodation. While a number of people have already been moved on to more appropriate accommodation, they will still have support needs.

Each person on the SCR has been rag rated, based on a Chaos index and an indication of the costs of the support has been calculated from this. The support costs indicated here are in addition to the existing costs of funding support in hostels and supported accommodation.

The table below sets out the costs of meeting the needs of those accommodated by the level and type of support provided reflecting the pathways approach. Based on the support needs the main types of support required are:

- Housing First
- Freeing up capacity in supported housing
- Floating Support

Where Housing First/Floating Support is required this will be provided across the county but with a locality commissioned delivery model reflecting local needs – this approach will build on the pre-existing partnership and support arrangements and district knowledge of what works. In addition, based on best practice it is recommended that three teams of specialists work across the county supporting this additional provision. Each team shall include:

- Street based health practitioner
- Housing and welfare benefit advice
- Criminal justice liaison worker

Risk Register	Number	Accommodation/support type	Annual Cost
RED (Intensive Support Need)	145	Housing First	£1,156,789
AMBER (Intermediate Support Need)	225	Hostel accommodation/Intensive Floating Support	£1,159,571
GREEN (Low Level Support Need)	310	Low level Floating Support	£ 771,778
	8 Unassessed		
Specialist teams		9 FTE	£ 360,000
Total	688		£3,484,139

A district by district cost and analysis of support needs is contained within Appendix 5.

The costs modelled here indicate a one off cost of supporting those bought in through the 'Everybody in' initiative and reflecting the needs of people who are homeless and in temporary accommodation and is based on a premise that all those who have come through the system will require a level of support to maintain their accommodation. Prevention of future homelessness will be essential if the cost of support is to reduce over a three-year horizon.

The totality of the funding required here will be incremental as people are housed. Building the fund required is likely to combine:

- Discussion with MHCLG about funding available for the approach
- Partners negotiation about funding available – Districts, County, Health, Criminal Justice, RPs, Third Sector
- Agreement on an allocation mechanism – based on number of people and level of need

7- Housing Solutions – Short Term

Each locality is proposing housing solutions as follows to meet the needs of rough sleepers and those accommodated as they are at risk of rough sleeping:

7.1 Districts Short Term Planning

Norwich

- Buying properties and
- Building on housing first approach
- Looking at how to develop new build supply

South Norfolk/Broadland

- Working with RPs to provide accommodation suitable for Housing First

- Utilising existing RP stock via direct lets.

Great Yarmouth

- Identifying private sector self-contained accommodation for those with low/no support needs
- Use of Council and Registered Provider homes to provide permanent homes for those accommodated or those in supported housing as move on to free up space in supported housing – for those with low/needs
- Acquisition of property from a Registered Provider to use as transitional supported housing
- Modular homes to increase supply of permanent Council homes
- Potential for private property purchase and conversions

Breckland

- Private sector leasing opportunities
- Development of a 21-bed temporary accommodation unit
- Exploring Opportunities in the private rented sector and are confident other accommodation will be coming available in the next month.
- Working with HA partners to direct let existing properties

Kings Lynn & West Norfolk

- Securing properties from partner landlords to use as shared accommodation for those ready to move on from existing supported accommodation, freeing up supported accommodation places for those leaving emergency accommodation.
- Repurpose existing family temporary accommodation on an interim basis for single people which is self-contained and can be used by those in critically vulnerable groups and those who are unable to reside in shared accommodation.
- Private sector leasing opportunities
- Working with HA partners to direct let existing properties
- Modular units on Council owned land to accelerate delivery
- Refurbishment of existing empty dwellings including commercial/retail conversions

North Norfolk

- Working with HA partners to direct let existing properties (as we have suspended CBL and all lets are going to homeless – RS and those in TA/unsuitable hostel).
- Exploring PSL options (we have some PSL used as TA and are looking to expand),
- Securing properties from partners to use as shared accommodation (we have leased a property from Flagship being used as shared accommodation for single homeless cases and are keen to identify more – e.g. meanwhile use of homes destined for disposal)

- On-going programme to review and consider re-purchase of units to be used as both TA and move on. Actively working with Housing Associations to identify suitable properties.

7.2 Migrants and Housing

Sustainable housing solutions for homeless migrants are likely to differ from those who are homeless and who are eligible for housing assistance from district councils. Migrants are often unable to claim welfare benefits and homelessness assistance due to the restrictions imposed upon them due to their immigration status.

Citizens of the European Economic Area are (currently) able to exercise their rights to come to the UK and live here if they are exercising their Freedom of Movement Treaty Rights. Migrants from outside the EEA (called Third-Country Nationals, or TCNs) may have permission to live and work in the UK, but the Home Office will impose a “No Recourse to Public Funds” condition on their leave to remain. This policy is designed to ensure that migrants work to support themselves, rather than become a burden on the state.

A ‘Housing to Work’ project is underway, led by NCC to provide housing and support to migrants. Clients will be accepted into the scheme to remain living in the shared house for a period of up to 13 weeks (3 months). No rent will be charged to the client for living in this property, but it will be conditional that the client engages fully with the employment support programme and co-operates with the scheme to secure their own employment. At the end of the 3-month period it is anticipated the client will be supported to find and move-on to their own private-rented housing which they are able to afford as a consequence of finding employment. EEA nationals who are exercising their treaty rights may also be eligible for housing benefit or accommodation costs on a low-income basis from Universal Credit.

NCC are currently funding this programme.

8- A Long-Term Plan

Implementation of the recovery plan and the formulation of a plan to reduce and alleviate homelessness in Norfolk in the future are the long term aims of the ‘No Homelessness in Norfolk’ project.

It will require joint working between districts, county, health, the criminal justice system, RPs and stakeholders. A Partnership that is able to oversee the development and implementation of a long-term plan is essential to achieve the wide engagement and cooperation that will be necessary to achieve the system wide ambition

A strategic housing partnership is proposed as the vehicle to oversee this work.

8.2 Norfolk Strategic Housing Partnership

The Norfolk Strategic Housing Partnership is proposed to provide the leadership for the system response to reduce and alleviate homelessness and is an essential part of the initial response as well as to support the longer-term plan to better manage the supply of specialist housing and ensure that there is appropriate support to meet the needs of homeless individuals.

The Norfolk Strategic Housing Partnership's role will be to identify and implement solutions to the demand and supply of housing and support for those that require an immediate support/supported housing solution. It will be responsible for delivering a long-term strategy that supports the ambition of 'No Homelessness in Norfolk' and the prevention solutions that will support this.

Membership is proposed from the Local Authorities, Children and Young People and Adult Services from Norfolk County Council, CCG, Public Health, Police and Registered Providers. The Partnership would report directly into the Chief Executives Group.

The Aims of the Group will include: -

- Articulate a Norfolk narrative on homelessness, rough sleeping and a partnership approach to resolving
- Describe and adopt a Norfolk Housing Charter – that states commitment to alleviating homelessness in Norfolk and seeks wider buy in from private business, government and the third sector
- Represents an inter-agency commissioning approach with flexible contracts that can adapt to changing need
- Have a costed approach to solutions – with multiagency funding sought
- Propose a fund in each locality that is utilised through a multidisciplinary team – including commissioners to meet identified needs, including for support for rough sleepers and the homeless
- Develop and implement clear pathways for those at risk of recurring homelessness
- Build on local approaches and gains including the expertise of local providers
- Develop and implement 'Housing for Norfolk' – a strategy detailing the supply and demand for affordable and specialist housing 2020-2030
- Develop a Norfolk wide, data driven evidence base to support decision making and measurement of outcomes

Success of the Partnership will be measured through monitoring levels of rough sleeping and homelessness. A 'test and learn' approach will be utilised which will enable the success of local initiatives to be understood and replicated where possible.

It will be an imperative that the partnership works closely with the districts and boroughs in providing support to the vulnerable in our local communities. Appendix 7 outlines the aspirations of the Community Hub model that is being explored.

8.3 Resources required to deliver.

- A jointly funded post for one year is proposed covering 0.5 FTE – Funding to be determined by the Chief Executives Group (estimated at £10k per district and county authority) – It is recommended that the post is hosted by NCC (reporting to Director of Community Services and Social Work) albeit ideally the post holder will not currently work for any one of the local authorities. The post holder will report to the Strategic Housing Partnership
- This resource would then be supported by NCC, District and Registered Provider expertise to produce develop and implement the strategy and action plan required to reduce and alleviate homelessness.

9- Recommendations

1. The formation of the Strategic Housing Partnership to oversee and inform a strategy for 'No homelessness in Norfolk' reporting to the Chief Executive Group
2. That there is a county wide approach to the provision of support providing Housing First, Floating Support and specialist teams within a pathway approach delivered through a local delivery model Agree the principle of a system wide, evidence led approach with local commissioning and delivery arrangements
3. Agree a bid for funding is made to MHCLG, Norfolk County Council, District Councils, Health, the Police and Criminal Justice to fund 2 above
4. Agree a shared resource (0.5 FTE for 12 months) to support the development of the strategy and immediate formulation of funding bid
5. Agree a chair for the Strategic Housing Partnership, it is a recommendation this is not the shared resource to provide governance assurance.

Appendix 1 – Existing hostel and supported accommodation

Units, accommodation type, support

	NCC Commissioned units	District Council/ Other commissioned units	Total units of accommodation
Direct access hostel	82		82
Single homeless hostel	349	178 +	527
Young person's hostel	117	154	271
Domestic abuse refuge	54	TBC	54

These resources are funded through a combination of Housing benefit, District and County Council funding

Appendix 2 – Norfolk support costs

Estimated support costs for people accommodated

As per 10 June 2020 MHCLG return

Rag Rating	GYBC	Norwich	South Norfolk & Broadland	BCKLWN	Breckland	North Norfolk	Total for Norfolk
RED							
Rough Sleepers	11	19	6	23	0	1	60
At Risk	9	0	0	0	0	0	9
AMBER							
Rough Sleepers	14	11	6	17	12	1	61
At Risk	15	0	0	0	5	0	20
GREEN							
Rough Sleepers	3	4	8	10	3	6	34
At Risk	23	0	0	0	3	4	30
Total	75	34	20	50	23	12	214
Of which Rough Sleepers	28	34	20	50	15	8	155
Of which At risk of Rough Sleeping	47	0	0	0	8	4	59
Cost of support High	£159,557.14	£151,579.29	£47,867.14	£183,490.71	£0.00	£7,977.86	£550,472.14
Cost of support Medium	£205,651.43	£78,005.71	£42,548.57	£120,554.29	£120,554.29	£7,091.43	£574,405.71
Cost of support Low	£31,181.43	£4,797.14	£9,594.29	£11,992.86	£7,195.71	£11,992.86	£76,754.29
Cost of support by district	£396,390.00	£234,382.14	£100,010.00	£316,037.86	£127,750.00	£27,062.14	£1,201,632.14

NB These numbers are a minimum as the cohort requested for this return to MHCLG relates to single people who are still accommodated as a result of 'Everybody In' and not all those in temporary accommodation.

Appendix 3 – Simple cost modelling

It is important to note that any change in a homeless person's demand on these services from any new intervention will not be realised as simply the net cost difference to those costs shown in Table 1. Cashable savings for each category depends on the extent to which existing variable costs can re-adjust to any changes in demand resulting from the proposed or new services. A large change in demand of a small cohort of homeless people relative to overall much greater public demand on NHS services is unlikely to result in a change in paid staff and services and, therefore, the associated cashable savings to the public purse will be lower.

However, switching demand from homeless specific temporary accommodation to a new homeless housing service will have a more direct cashable impact on public costs. In each local authority approach the degree of cost-benefits of any new model of homeless service will reflect the characteristics of the cohort of homeless people, specific local service costs and the outcomes their services are able to achieve for these people.

Housing First Modelling

In a recent study of Housing First approaches in England¹¹ the author indicates:

Comparisons with existing homelessness services, in which these groups were 'frequent flyers' have generally shown Housing First to be a more cost efficient of working with homeless people with high and complex needs.

Beyond the successes in housing homeless people with complex needs, the results of Housing First can be mixed, with varying outcomes around mental health, addiction and integration with the community and social networks. Despite strong results in ending homelessness, not everyone with high and complex needs can be assisted by Housing First.

It is important to be realistic about what Housing First can achieve on its own and to consider how it can work most effectively with other services and homelessness prevention. This is not an argument against Housing First, which has a clear and cost-efficient role in ending homelessness but is instead a point about making sure Housing First is being used in the most effective way, i.e. as part of an integrated homelessness strategy that also involves health, social care, mental health and addiction services.

¹¹ [The cost-effectiveness of housing first in England](#). Nicholas Pleace 2019. Commissioned and published by Homeless Link.

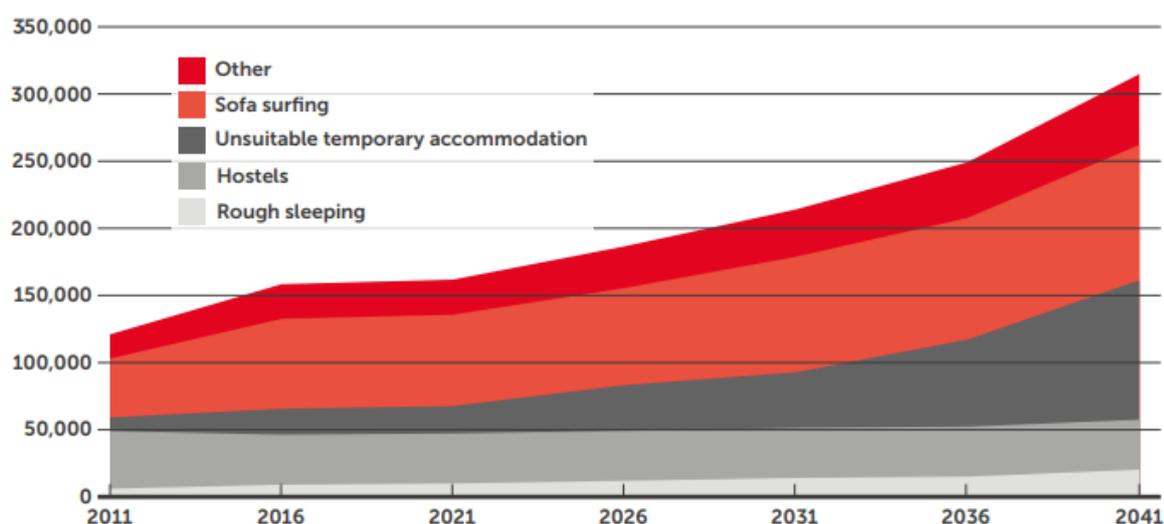
Appendix 4 - Demand -Homeless Trends

Understanding the causes of homelessness is essential if action is to be taken to prevent it. There is a need for a local analysis of causes of homelessness in Norfolk, but we already know that in relation to single people there are particular issues for those with mental health problems leaving psychiatric hospitals, those with addictions, care leavers and those leaving prisons.

Many people will have poor experience of services when trying to recover from a crisis. Understanding why there is demand will support the development of clear housing led pathways with wraparound services that are able to provide the support someone needs rather than simply the support that is on offer.

National Trends and Forecasts

The national trend for homelessness has been rising and is likely to be significantly exacerbated by the C19 pandemic. Unemployment has risen significantly, and many sources are warning of a major recession.



Source: Bramley 2017

Category	2011	2016	2021	2026	2031	2036	2041
Rough sleeping	6,100	9,100	10,000	12,000	14,100	15,100	20,300
Hostels	42,900	37,200	37,200	37,200	37,200	37,200	37,200
Unsuitable temporary accommodation	10,100	19,300	20,400	34,000	41,500	64,900	103,800
Sofa surfing	43,900	67,000	68,100	72,300	86,100	90,600	100,900
Other ¹²	18,000	25,800	26,100	31,100	35,200	41,500	52,600
Total	121,000	158,400	161,800	186,600	214,100	249,300	314,800

Baseline forecast of core homelessness main component, Great Britain 2011-41¹²

¹² Data taken from Everybody In – How to end homelessness in Great Britain. https://www.crisis.org.uk/media/239951/everybody_in_how_to_end_homelessness_in_great_britain_2018.pdf

Appendix 5 - The Norfolk Picture

Discussion with housing and support agencies across Norfolk have indicated a number of trends:

- More people receiving scripts for addiction
- An increase in number of young people reporting as homeless
- A reduction in drug related deaths
- An increase in known migrants

Police reports of activity in accommodation used to house people during the pandemic show the need for appropriate support and regulation.

Police Incidents and officer time at some of the hotels used to house rough sleepers.

“Everybody In” - Incidents	
Kings Lynn - Hotel	
Incidents	13
Arrests	0
Number of officers attended in total	22
Number of units attended in total	17
Total time*	07:41:00
Average time	00:57:38
Top initial reasons for call	
<ul style="list-style-type: none"> • Suspicious Circumstances/Insecure premises or vehicles – 5 • Safe/Collapse/Ill/Injury/Trap - 3 	
Kings Lynn - Hotel	
Incidents	14
Arrests	1
Time in custody (mins)	782
Number of officers attended in total	49
Number of units attended in total	32
Total time*	04:02:54
Average time	00:24:17
Top initial reasons for call	
<ul style="list-style-type: none"> • Domestic Incident – 3 • Violence Against the person - 3 	
Thetford – Hotel	
Incidents	8
Arrests	0
Number of officers attended in total	19
Number of units attended in total	13
Total time*	02:34:02
Average time	00:30:48
Top initial reasons for call	
<ul style="list-style-type: none"> • Concern for safety – 2 • Violence Against the person – 2 • ASB Nuisance - 2 	
Norwich - Hotel	
Incidents	112
Arrests	5
Time in custody (mins)	3358
Number of officers attended in total	249
Number of units attended in total	202
Total time*	78:17:01
Average time	01:04:21
Top initial reasons for call	
<ul style="list-style-type: none"> • Violence Against Person - 28 • Concern for safety - 17 • Suspicious Circumstances/Insecure premises or vehicles - 13 • ASB – Nuisance – 11 • Public Order - 10 	
Great Yarmouth - B&B	
Incidents	64
Arrests	3
Time in custody (mins)	3286
Number of officers attended in total	140
Number of units attended in total	109
Total time*	26:12:05
Average time	01:02:53
Top initial reasons for call	
<ul style="list-style-type: none"> • Mental Health - 14 • Suspicious Circumstances/Insecure premises or vehicles - 8 • Concern for Safety – 8 • Public Order - 5 	
<p>*This time is based on first unit arrival at the scene to the last unit clearing scene. This time therefore doesn't account for total time on scene for all units</p>	
	

YMCA - Anecdote

The YMCA reported a mixed response for young people during the response to the pandemic. Young people seemed to be disproportionately impacted where less formal accommodation arrangements such as sofa surfing broke down. They were also some of the most challenging individuals to manage compliance with social distancing and isolation. YMCA pointed out that the experience of young people differed across the county with some excellent examples and some less so.

Appendix 6 – Community Hub – see PowerPoint attachment



2020%2005%2027%
20Community%20Re

Outline of aspirations for the creation of a Community Hub which will look at vulnerability in each of the districts. (Selection of slides included below)

PHASES OF RECOVERY FOR COMMUNITY RESILIENCE

Resilience
Normalise
Recovery

March 2020 – June 2020

July 2020 – December 2020

January 2021 onwards

- As restrictions start to lift and society starts to move into a new way of being, each workstream will need to transition to a more sustainable operating model
- A resurgence of Covid-19 cases and deaths could see a return to the resilience phase at relatively short notice and future planning needs to take account of further “lockdown” or shielding activities
- Recognising the successes and challenges for the Community Delivery Group to date will enable us to move forward and build on what we have achieved in a meaningful and sustainable way
- Recovery will not be a linear process and will impact on different groups in different ways. Slides 4 & 5 demonstrates how different groups will be impacted in different ways through the normalisation and recovery process. In addition we have proposed an approach to social listening to allow us to respond and nuance the way forwards based on public feeling and behaviour.
- We have proposed a set of recommendations for each workstream as well as short review of structure and governance within which the community work sits

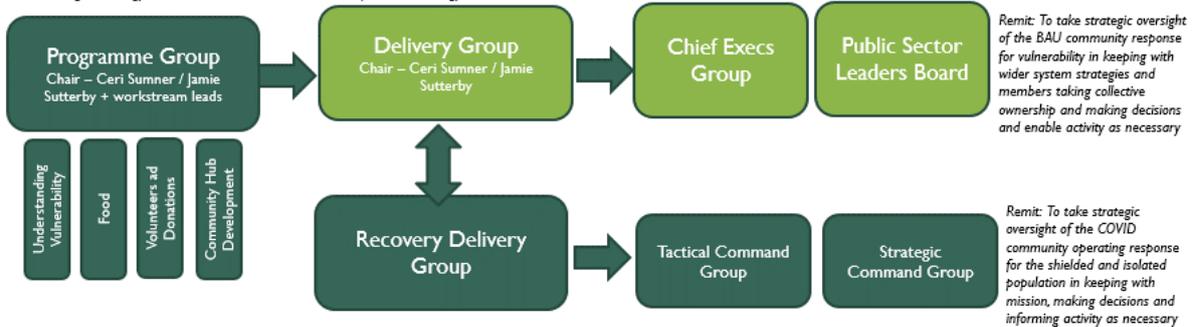
ROADMAP FOR COMMUNITY DELIVERY GROUP

	Resilience	Normalise	Recovery
<p>Clinically At Risk</p> <ul style="list-style-type: none"> • Shielding population • CCG list • Over 70's • BAME population? <p>Physically Vulnerable</p> <ul style="list-style-type: none"> • Domestic abuse • Frailty • Delayed care • Hospital discharge <p>Mentally Vulnerable</p> <ul style="list-style-type: none"> • Untreated mental health • Anxiety • Stress • Social isolation <p>Economically Vulnerable</p> <ul style="list-style-type: none"> • Unemployment • Failed businesses • Low income • Access to benefits 	<p>Workstream focus has been:</p> <ul style="list-style-type: none"> • Understanding who is vulnerable • Creating operating models and partnership structures respond to Covid 19 • Setting community hubs • Supporting most basic community needs access to food and medicines • Ensuring people know where and how to access vital support • Mobilising volunteers <p>People's focus has been:</p> <p>Personal safety</p> <p>Loved ones (concern for vulnerable loved ones, care home issues...).</p> <p>Personal economic (talk about being furloughed, how schemes work etc).</p> <p>Family (getting used to the lockdown with your family)</p> <p>Mental (A rise in mental health conversation as the impact of lockdown kicks in, Stress anxiety, positivity conversations and solutions)</p>	<p>Workstream focus is:</p> <ul style="list-style-type: none"> • Maintaining, strengthening and embedding partnership working • Reopening of community assets • Dealing with surge – emerging needs hidden during lockdown: adapting community offer • Ensuring community support arrangements are sustainable for those in still in need • Harnessing goodwill and resource from volunteering <p>People's focus is:</p> <ul style="list-style-type: none"> • Cures and Solutions (How these are developing), Physical Health (rise in conversation around exercise routines, staying healthy etc. Increase in concern for those not getting checked or treated for traditional illnesses). • Abuse (rise in domestic, sex etc abuse). • Personal economic (conversation shifts to distress as furlough measures end and personal financial distress increases). National Economic (national outlook, conversations around coming out of lockdown etc) 	<p>Workstream focus will become:</p> <ul style="list-style-type: none"> • Supporting residents to be more resilient – news skills, financial support etc • Embedding a comprehensive early help and prevention model • Addressing inequalities and longer term consequences of Covid and related societal change • Embedding sense of place and community support <p>People's focus will become:</p> <ul style="list-style-type: none"> • National economy (Business closures, job losses, development of a post virus economy), New beginnings (New jobs, training, education etc), Panic behaviour (in the case of a second spike) • Personal Economic – longer term prospects • Health – impact of repeat pandemics
	High Risk	Medium Risk	Low Risk
	Risk level is an estimate based on current circumstance and will vary dependent on developing situation. e.g. economic impact, vaccine development...		

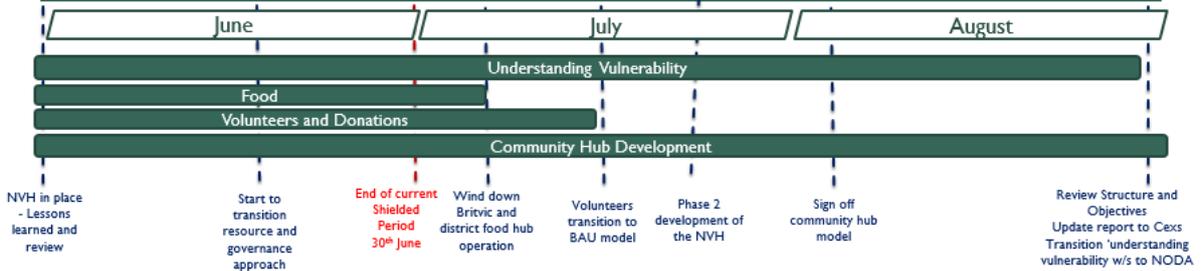
FUTURE GOVERNANCE PROPOSAL

Remit: To take operational and programme oversight of the operating model and COVID community response, delivery of work packages in keeping with mission, and the informing and influencing of strategy for BAU models

Remit: To take strategic oversight of the operating model and COVID community response in keeping with mission, agreeing and representing organisational / sectors in the development of strategy for BAU models



INDICATIVE TIMEFRAME



Risks	Status	Mitigation
Govt extends the shielded period	High Likelihood, Medium Impact	Ongoing community offer in place, including food, extends timeframes above. Lower impact given shielded population already contacted and support in place
Additions to the Shielded list by Govt	Low Likelihood, High Impact	Ongoing Community offer and potential outgoing welfare checks required. Seems unlikely given Govt is currently removing individuals from the shielded list
Development of a community offer for Test, Track and Trace	Medium Likelihood, High Impact	Ongoing Community offer and potential outgoing welfare checks required, perhaps needing to ramp up food offer if locking down local areas.
Risks of escalating NVH costs	Low Likelihood, High Impact	Ascertain costs and match against expected benefits to determine ongoing business case