



**North East
Derbyshire**
District Council

Derbyshire Homelessness Strategy

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**Update to the Health and
Wellbeing Board**



**Derbyshire
Homelessness**
Officers Group

Making Homelessness Everyone's Business

Aims of the Strategy

The basis for a coordinated strategic partnership response to homelessness across Derbyshire and Staffordshire Moorlands

- Building upon the positive partnership working that has emerged in response to the pandemic.
- Developing a regional approach to tackling homelessness across Derbyshire.
- Reducing and preventing homelessness across Derbyshire.
- Providing a platform for future commissioning of services.
- Development of shared services and increased collaboration.
- Securing system-wide commitment and buy-in amongst multiple organisations, in recognition that homelessness is everyone's problem.



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Multi- Agency Engagement

County Council and Wider Partners

- Wide recognition that the response to the pandemic has strengthened partnership working.
- Engagement and commitment from the County Council and Health is critical.
- Full buy-in to the Strategy is needed from wider partners in terms of both development and, critically, delivery.
- Need to remove some of the current blockages within the system.
- Need to ensure the improved access to key services for clients with complex and multiple needs.



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Understanding System Blockages

- Drug and alcohol services
- Mental Health, wider health, and the NHS
- Adult social care
- Criminal justice system
- Local Authority/Housing



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Drug & Alcohol Services

- Limited, or lack of, flexibility around appointments and adapting to the particular needs of an individual service user.
- **Difficulty getting and keeping people on scripts who, due to chaotic lifestyles, miss their appointments.**
- Length of time between referral and appointment – often small windows of opportunity for engagement.
- Long waiting times for prescriber appointments.
- **There is often a lack of options for people with serious alcohol addictions who display similar symptoms to that of dementia.**
- Cases being closed due to periods of non-engagement on behalf of the individual.
- Lack of dedicated resource to focus on engaging with rough sleepers and those with multiple and complex needs.



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Mental Health & Wider Health

- Dual diagnosis – service users falling between services and often getting no assistance from either.
- Neurodivergent conditions (e.g., autism/ADHD) are rarely diagnosed amongst the homeless population – clients often have high support needs but are falling through the cracks.
- Personality disorders are not recognised as established mental health conditions.
- Over-reliance on emergency health care services such as A&E by individuals experiencing multiple and complex needs.



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Adult and Children's Social Care

- Transition arrangements between children's and adult's social care for those aged 17.
- Vulnerable adults with social care needs who are deemed to have capacity make poor choices and are often quickly discharged.
- Cases closed due to perceived lack of engagement.
- Limited time invested in building relationships with clients which is essential with the homeless community who may be distrusting of statutory organisations.
- Social care act assessments are not designed for individuals with complex and chaotic needs.
- The need for and benefits of a dedicated homeless mental health practitioner has been demonstrated through the COVID-19 response.



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Criminal Justice System

- Individuals consistently released from custody with no fixed abode.
- Short sentences can result in accommodation being lost.
- Short sentences impact upon engagement with mental health and substance misuse services.
- Assessment of suitable accommodation for individuals under MOSOVO makes it difficult to secure private sector accommodation.
- Individuals on licence are often penalised with a recall to custody for missing an appointment with their offender manager – this doesn't recognise the needs or behaviours of those with multiple and complex needs.
- Arbor project can not meet the identified need for high-risk offenders.



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Local Authority Housing

- Housing teams don't always take a pragmatic approach when making homeless determinations, and there can be a lack of consistency across local authorities.
- Supported housing providers refuse referrals for clients whose needs are perceived to be too high.
- Former evictions can act as a barrier for other providers to accommodate.
- Challenges in sourcing private sector accommodation, particularly for single people.
- Lack of specialist supported accommodation, especially for those with multiple and complex needs.



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Emerging Priorities

- Prevention of homelessness through early intervention.
- Ending rough sleeping.
- **Establishment of a 'Multi-Disciplinary Team' to work with those with multiple and complex needs wish list of Approved Mental Health Professional (AMHP) with background of social work and mental health & Substance Misuse Outreach workers**
- Supported accommodation for those with multiple and complex needs.
- Expansion of Housing First.
- **COVID-19 recovery.**
- Supported housing commissioning and regulation.
- Improved use of the private rented sector through development of an effective landlord offer.
- Domestic abuse – increased choice and options.
- **Development of a 'Homelessness Charter'.**



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Questions for the Health and Wellbeing Board



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Question 1.

How can HWB partners support the implementation of the strategy?

Question 2.

There is an opportunity to Kickstart a MDT team via Gov funding. Are there any opportunities to streamline work and join up approaches to support the bid?

Question 3.

Are there any gaps in the emerging priorities? or other items we need to consider including in the strategy?

Question 4.

Is the HWB happy to receive regular updates on the strategy implementation via the DHHSG?



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