



Progress report on the recommendations set out in the Thematic Review of people living a street-based life.

Executive Summary

1. This report is presented as a high level progress statement against the recommendations in the commissioned independent thematic review: [Understanding and progressing the city's learning of the experience of people living a street-based life in Leeds](#). This is set out under three headers: I) Leadership and Prevention II) Intervention and III) Recovery.
2. Much has been achieved in Leeds during this period, including national recognised innovation. As a city we compare favourably with other core cities and are highlighted as good practice relating to homeless prevention and for the action collectively undertaken for new presentations on the street. Many lives have been turned around and it is that what matters...**People**.
3. September 2023 saw the 5th year anniversary of the Leeds Street Support Partnership, and reducing the scale, prevalence and impact of rough sleeping remains a priority for the city. At the core of the city's ambition is preventing rough sleeping happening in the first place. Any instances of rough sleeping should be **rare, brief, and non-recurrent**, so throughout the 'pathways' from street to home, the 'system' needs to work in an integrated way, making every adult matter and making every contact count. This is fundamentally a health and wellbeing issue, and has to be a collective responsibility across the 'system' so:
 - ☐ Anybody rough sleeping or at risk, is identified and is offered helped (**Prevention**)
 - ☐ Nobody in temporary accommodation returns to the streets (**Intervention**)
 - ☐ Everybody receives an appropriate offer of support (**Recovery**)
4. We are however not complacent, there remains significant and emerging challenges, with real pressures in and across the system, some in our control and some which are not. There does remain a strong commitment to the on-going 'system change' action required at numerous levels. This agenda sits across a number of key Strategic and Operational Boards, all who are committed to learning, listening, and applying change where it can.

Progress against the recommendations

I) Leadership and Prevention

Developing a whole-city Leeds Street-based Lives Strategy with clear governance (7.1.1)

5. The Leeds strategy aligns to the national **Working Together to End Rough Sleeping Strategy** and has a clear ‘people’ and ‘place’ focus, based on our local intelligence and understanding. The delivery of the local strategy is overseen through a clear partnership governance, accountability, and meetings schema (Gold, Silver, and Bronze), including connectivity and collaboration with connected significant Boards across the city; this is reviewed on regularly basis to ensure it is ‘fit for purpose’.
6. Each year the Leeds Street Support Partnership completes a comprehensive self-assessment around criteria aligned to Prevention, Intervention, Recovery as well as Systems Change and Outcomes. Learning from this is taken into the co-produced annual Leeds Rough Sleeping Delivery Plan. For 2023/24, this includes 6 Strategic Commitments, these have also been included in the new **Leeds Homeless and Rough Sleeping Strategy 2023-2028**.
7. Quarterly Performance Reviews are undertaken by Silver against the Delivery Plan with named officers being required to provide written updates against delivery of the objectives and Outcomes Framework. This is documented and RAG rated with an escalation procedure in place for operational requirements and/ or raising through Gold. Performance is measured using the Department of Levelling Up, Communities and Housing (DLUCH) Outcomes Framework and local Leeds metrics, enabling the partnership to challenge and the Board to prioritise tasks for partners to further understand local trends and issues and seek solutions.

Recognise those living Street-based Lives as a priority group for Recognising and Addressing Inequalities (7.1.2)

8. The key city Boards recognise those on the street, at risk of and/ or returning to rough sleeping are not homogenous, they are ‘People First’ with unique personal experiences, histories, and circumstances.
 - ▣ Many have experienced trauma, often in their childhood and/ or early adulthood, for example abusive childhoods, family breakdowns, violence, debt and compounded by other known factors of multiple disadvantages.
 - ▣ For people with ‘severe complex needs’ and who display ‘risky behaviours’, they are subjecting themselves, their families and communities to harm, or significant risk of increased harm.
 - ▣ For people who have ‘non’ or ‘destructive’ forms of engagement it can lead to exclusion and a repeat cycle of rejection, resulting in insecure attachment styles, affecting their engagement with support. Such trauma often underpins an ambivalence towards or dismissal of self-care and neglect.

- ▣ Many have mental health issues, including a high prevalence of self-harm and general poor health is evident. The most common specifically identified mental health issues are depression and schizophrenia; other concerns are mainly anxiety disorders, bi-polar or personality disorders.
 - ▣ The ease and availability of drugs on the street can affect an individual's decision to use drugs and/or reduce the likelihood of them accessing treatment for their physical and mental health. For many this is linked to their extended social network and community.
 - ▣ For those on the street for the first time, experiencing homelessness can make them extremely vulnerable, and they face multifarious challenges; there is an increased risk of exploitation, violence and abuse against them, trafficking, and involvement in urban street gangs or organised criminal activity.
 - ▣ For those who frequently 'fall through the gaps' between services and systems, where people do not fit legislative requirements and/ or numerous organisational criteria/ thresholds, this makes it harder for them to address their personal issues, problems and thereby lead fulfilling lives. As a result, they can get caught in a 'revolving door' and navigating to the 'exit door' can be challenging.
9. The Leeds Street Support Partnership seeks to respond with and for people with multiple disadvantage and inequalities, through a health equity approach. This is multi-layered and includes embedding systems change.
- ➔ During the pandemic, a Protect Group and Target Priority Group (known people with a history of long-term rough sleeping) was established for a detailed multi-agency response. The Target Priority Group remains, and the 'cohort' is identified based on intelligence and professional judgment on an annual basis. A refreshed personal plan is developed (high support/ high challenge), which is overseen by an assigned Lead Professional and through on-going a multi-agency meeting, each case is reviewed collectively on a monthly basis to track progression into recovery.
 - ➔ Operationally, all known people rough sleeping have an identified Lead Professional and assigned Key Workers, adopting a strengths-based approach to create, review, and progress a bespoke Personal Plan.
 - ➔ Individual cases can be escalated through the Multi-Agency Solution Panel (MASP) or through to the Exceptional Risk Forum (ERF) arrangements, with system change risks/ blockages raised at Silver and/ or Gold for consideration.
 - ➔ Multi-agency risk management plans including safeguarding and safety plans are co-ordinated through the Safeguarding and Risk Manager (SARM/ Social Worker) and Specialist Workers are brought in, according to the need of the person.
 - ➔ All of the above is undertaken through an embedded Adult Social Care approach, High Support/ High Challenge with the SARM providing oversight for the High Risk/ Severe Complex Needs cases. This has developed during this period and been refined within a co-produced risk management framework.
 - ➔ At a service level be this on-street, in off-street accommodation and or in the community, each service has adopted a Trauma Informed response, in line with the city principles and practice.
 - ➔ Drug and alcohol prevalence rates are high among people living street-based lives. As a consequence, Forward Leeds, the city's integrated drug and alcohol service, has a dedicated Rough Sleepers Team, who work on the streets and refer people

into appropriate treatment, as needed. In addition, one of the innovative projects it has piloted this year in collaboration with partners, has been the Buvidal programme, with a cohort of people who are living street-based lives. Essentially, this is a medicine used to treat dependence on opioid (narcotic) drugs such as heroin or morphine. Those participating also receive medical, social, and psychological support. This is a regular injection, with the active substance being Buvidal, buprenorphine, which is a partial opioid agonist (it acts like an opioid drug but less powerfully). This means it can be used in a controlled way to help prevent withdrawal symptoms and reduce the urge to misuse other opioids. Benefits for service users have included removal of the need for daily pharmacy visits, reducing the risk of diversion, improved medication adherence, stability and engagement with treatment and supportive services. Findings from the work with sex workers are positive and were recently published.

10. Work is currently being progressed via Task and Finish Group to establish a **Leeds Health Inclusion/ People First Board** with senior level cross-sector representation, for specific population groups facing multiple disadvantage and who have severe complex needs. This will focus on system change (bite size chunks, through agreed prioritisation) where there is evidence base of 'pinch points' in the system and pathways to recovery. This will seek to 'smooth out hard edges' and ensure the voice of people with lived experience is heard, listened to, and acted on, as part of improving service delivery...be this a single service or connected services. It is also intent that the Board consider and commission innovation and breakthrough opportunities, within an agreed governance framework:

- **Test** - an agreed change project, with clear envisaged outcomes
- **Target** - identify a small population group.
- **Track** - measure at an individual and population group level change (before, during and after)
- **Transform** - assess, evaluate change, and apply learning.

Agreeing terminology that makes sense to everyone (7.1.3)

11. The wider partnership is committed to ongoing promotion and application of a consistent use of language, description, and narrative, which reflects a collective understanding of the needs of people living street-based lives.
12. The use of language and application has developed as a collective over the period and is reflected in a positive and inclusive way:
- i) In conversations and engagement with people the practitioners work with and for
 - ii) In written reports/ documents at used at meetings and
 - iii) Outward facing public engagement.
13. Language continues to evolve and change...this remains a priority when working with people. Over the last five years, through the integrated Leeds Street Support partnership 'challenge and check' principles of listening to improve within a safe space, means there is more consistent use of language and more in common than difference across the system.

II) Intervention

Seeing the person and their strengths through the lens of Multiple Exclusion Homelessness (7.2.1)

14. At an operational and strategic level an approach is taken which seeks to be trauma informed, strengths based, person centred and examines all of the person's needs and to offer a coordinated 'wrap around' support package.
15. Over the last few years there has been increased closer working across the health, social care, housing, and criminal justice pathways. This increased integration has ensured a greater understanding, collaboration and focus on people.

Developing an effective multi-agency approach to provision of intensive support to ensure tenancies are sustainable (7.2.2)

16. Additional supported housing and navigator support has been developed significantly since the review and coming out of the pandemic. This includes for example, the development of a women's pathway, through the gender informed and gender responsive 'Somewhere Safe to Stay' and 'Somewhere Safe to Live'.
17. Additional funding has also been secured (many in a competitive rounds) through a number of rounds of the Rough Sleeping Accommodation Programme to purchase and repair properties and to provide navigator support. Navigator posts are funded by the Rough Sleeping Initiative (RSI) grant. These posts provide intensive support and work with a smaller group of people, generally a 1:6 or 1:8 ratio of navigator to person receiving support. Navigators currently working at capacity with c80+ people who have history of being street homeless. The focus is on the health and wellbeing of the person and practical support such as managing a home, and use of social prescribing for as long as is needed to enable tenancy sustainment. The RSI grant is a 3-year tapered fund until March 2025.
18. Local intelligence and evidence from the monthly counts has shown that people with navigator support are significantly less like to be found rough sleeping on the counts, are more likely to be actively engaged in recovery, are more likely to connect to the community where they live, and less likely to return to the streets.
19. In September, the 'Street2Tenancy' Housing First pilot commenced through funding secured (via RSI funding uplift bid until March 2025), and an additional 3 navigators will be employed to work with people on the street, supporting them into their tenancy and reconnection in the community.

Supporting effective information-sharing across services (7.2.3)

20. In line with Information Sharing Protocols, all services who are part of the Leeds Street Support Partnership are signed up to the Information Sharing Agreements for the sharing of individual data as part of gold, silver and bronze arrangements and case conferencing policies.
21. Messages about the need for information sharing are reinforced by commissioners and facilitated as part of referral pathways.
22. The Gateway Information System holds both personal and aggregate data and due governance is in place as to who can access what and is fully auditable and compliant with GDPR.
23. The SARM brings an additional level of effective information sharing of people of concern, high risk/ high harm through Professionals meetings and the MASP.

Access to services to support effective intervention (7.2.4)

24. The Leeds Street Support Partnership Silver group has co-ordinated numerous successful bids since its inception. These are co-produced and based on intelligence, evidence, and gaps in provision, where most benefit to people in need will be realised and achieved, with the financial envelope. This also includes evidence (survey and focus group work) from people with lived experience. The result being increased single agency and multi-agency provision and increased access to timely support and intervention.
25. Learning from the covid Leeds Rough Sleeping Transition and Recovery Framework has, where it can be, applied and strengthened the city's high support/ high challenge approach. This includes communication and joint work within and outside the city centre, this is now well developed within a wider network at a local level. Where there are concerns there are now places and people and where these can be highlighted and subsequently addressed, to aid sustainable change.
26. In specific situations, e.g.: where Dispersal Notice/ Partial Closure Order is being issued (in the city centre and/ or in the localities) due to risk, threat and harm, there is clear good practice adhered to through the Leeds Street Support Partnership (before, during and after). This enables the practitioners on-street and those who are responsible for the on-street resources to inform, encourage and enable people to adhere with the legal requirement.
27. There remain challenges for people moving from public institutions to the community, specifically in securing sufficient, appropriate, and timely transitional accommodation to meet need and connect people to integrated support rehabilitation and recovery move-on pathways. There remains 'pinch points', hence why the below are included in the delivery plan for 2023/ 24 as requiring further step change improvements.

- Demand for and access to primary, secondary, and tertiary healthcare is high. People who are homeless are more likely to attend A&E, be admitted for treatment but less likely to complete treatment.
 - Funding was secured for the Out of Hospital work to reduce need for admission to hospital and to aid timely discharge. This team are fully connected to both the bronze and silver groups, ensuring wherever possible synergy to aid better outcomes for people. The out of hospital care programme has funding until April 2024 with commissioners exploring further funding to sustain the service.
 - The Transfer of Care hub have employed 2 housing case workers to assist with patient flow within hospital settings. Further work has been completed with LTHT and TOC regarding duty of ED and Hospital to complete DTR. Data has been provided regarding their referrals improvement measures can be put in place. improvement.
 - Additional work has taken place to ensure that pathways out of prison are better developed. Specifically, this includes prison releases, with a focus on improving deliverables aligned to the existing funding for Accommodation for Ex-Offenders scheme (AFEO) into private rental sector accommodation and through the Rough Sleeping Accommodation Programme for local authority tenancies.
28. The Drug Strategy 'From Harm to Hope' will see additional funding is available over at least the next three years for Drug and Alcohol treatment. This will strengthen the response to people in need, enabling increased flexible services delivery. Long term funding for a Safeguarding and Risk Manager (Adult Social Care Social Worker) has been secured from the Council and an extension of the RSI funded Social Worker.

Effective engagement (7.2.5)

29. Close working protocols are in place and have been reviewed in relation to guidance and development opportunities to enable frontline practitioners to manage disengagement effectively. Those of high risk/high need are managed effectively through the SARM and the embedded risk management approach put in place.

III) Recovery

Safeguarding adults (7.3.1)

30. Considerable work has been done to consult frontline workers and people with lived experience as part of a focus on self-neglect by LSAB. This has included a thematic review. Organisations working to support people living street-based lives have been actively involved. A policy has been published and a strategy developed.

Understanding self-neglect (7.3.2)

31. The LSAB have ensured those working with adults living street-based lives should be a fundamental part of that development and be able to access its learning and development opportunities. This learning and development work is being actively shared across all relevant agencies.

Recovery: Joint commissioning (7.3.3)

32. Commissioners work closely together and there are examples of pooled funding and also aligning budgets. A positive example is the alignment of the contracts from the Integrated Care Board for Bevan Healthcare and LCC for St Anne's Resource Centre to enable the investment into a new Health and Being Centre in the city centre.

Appendix: Rough Sleeping Core Metrics with Core Cities Comparison

People found rough sleeping on a single night (per 000 population)							
Local authority	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Bristol, City of	0.15	0.18	0.12	0.05	0.08	0.11	0.10
Manchester	0.11	0.09	0.11	0.05	0.09	0.16	0.07
Birmingham	0.02	0.04	0.03	0.03	0.02	0.03	0.03
Leeds	0.05	0.05	0.05	0.03	0.03	0.06	0.05
Liverpool	0.04	0.06	0.04	0.04	0.02	0.04	0.04
Nottingham	0.10	0.13	0.08	0.08	0.09	0.13	0.07
Sheffield	0.06	0.04	0.03	0.03	0.03	0.06	0.05
Newcastle upon Tyne	0.05	0.05	0.05	0.04	0.05	0.04	0.04

People found rough sleeping on a single night							
Local authority	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Bristol, City of	70	85	58	25	38	53	49
Manchester	61	49	58	28	52	86	41
Birmingham	28	46	39	35	26	36	30
Leeds	43	44	37	24	23	48	42
Liverpool	21	28	21	19	12	20	19
Nottingham	32	41	27	25	29	42	21
Sheffield	33	21	15	16	19	36	28
Newcastle upon Tyne	16	15	14	13	15	12	12

People found rough sleeping - total month							
Local authority	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Bristol, City of	145	130	134	109	64	87	142
Manchester	117	95	87	88	99	86	163
Birmingham	81	99	95	96	84	88	72
Leeds	111	120	96	89	99	97	98
Liverpool	116	136	113	106	94	102	102
Nottingham	152	177	198	154	190	180	219
Sheffield	115	93	88	98	104	112	90
Newcastle upon Tyne	74	78	64	64	71	60	53

No. of people in off street accommodation							
Local authority	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Bristol, City of	72	67	68	79	79	74	53
Manchester	28	36	21	19	19	13	27
Birmingham	10	13	16	16	8	16	16
Leeds	78	80	99	98	102	95	110

Liverpool	52	54	51	69	75	73	74
Nottingham	48	50	52	64	62	65	161
Sheffield	22	22	20	16	18	17	22
Newcastle upon Tyne	155	150	144	144	153	164	179

Of which, are new							
Local authority	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Bristol, City of	66	39	48	17	16	42	27
Manchester	53	24	46	22	42	37	77
Birmingham	27	34	24	36	23	33	28
Leeds	13	16	16	9	1	7	7
Liverpool	27	43	34	26	21	34	23
Nottingham	69	80	109	60	31	44	108
Sheffield	27	11	11	18	12	18	13
Newcastle upon Tyne	23	18	11	11	12	9	7

No. people newly accommodated in off street accommodation since last month							
Local authority	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Bristol, City of	31	23	16	27	22	20	21
Manchester	10	16	19	15	13	13	14
Birmingham	23	13	16	16	8	16	34
Leeds	40	48	58	49	56	42	61
Liverpool	17	26	24	31	24	20	23
Nottingham	48	12	14	48	15	14	70
Sheffield	4	6	5	24	6	4	10
Newcastle upon Tyne	53	38	44	44	50	46	67

People who have moved into med and long term accommodation since last month							
Local authority	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Bristol, City of	3	3	7	8	9	8	8
Manchester	6	7	7	6		5	5
Birmingham	27	11	11	18	10	4	7
Leeds	25	27	24	13	24	21	31
Liverpool	15	16	27	15	17	17	13
Nottingham	19	17	14	8	14	9	15
Sheffield	3	2	2	2	3	4	6
Newcastle upon Tyne	49	54	44	44	37	39	42

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