



**Cherwell**

DISTRICT COUNCIL  
NORTH OXFORDSHIRE

# **Appendix 5**

## **Homelessness and Rough Sleeping Strategy 2021 - 2026**

### **Officer Response to Consultation Feedback**

January 2021

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## **1. Introduction**

This report sets out Cherwell District Council's (CDC) Officer responses to the feedback received on CDC's draft Homelessness and Rough Sleeping Strategy 2021 – 2026 during the public consultation period, carried out between 30 November 2020 and 17 January 2021.

Officers considered the feedback and messages received from this consultation (see Homelessness and Rough Sleeping Strategy Consultation Report, January 2021) and have made minor amendments to the draft strategy and action plan to ensure they are clear and responsive to the issues raised. The final strategy is due for adoption by Cherwell District Council in March 2021.

## **2. General observations**

Whilst the response to the consultation is generally very positive, with the strategy and action plan seeming to be well-received, the number of consultation responses was low despite proactive publicity throughout the consultation period through press, website and social media, and targeted engagement with stakeholders, service providers and service users. The current pandemic and the challenges this has brought to the lives of everyone, may be one of the reasons why stakeholders, service users and public have not fully engaged with this consultation in the same way they may have done during 'normal times'. However, the feedback received has helped to confirm that the vision and priorities set out in the strategy are generally supported.

## **3. Officer responses to feedback**

### **Views on Our Vision**

**Our Vision is: To work in partnership, with customers at the heart of our approach, to understand, prevent and resolve homelessness so that no one has to sleep rough in Cherwell.**

The vision was supported by nearly everyone but there were some concerns that the vision was aspirational or unrealistic i.e. that 'no one has to sleep rough in Cherwell'. It is accepted that this aim may be aspirational, and CDC will not be able to achieve this vision alone, which is why the vision and strategy sets out a clear message and plan of action to work in partnership towards achieving that aspiration. Given the general support demonstrated by respondents, and the government's aim to end rough sleeping by 2027, Officers are of the opinion that the strategy vision should not change.

### **Views on The Priorities**

It is encouraging that nearly all consultation respondents supported and agreed that the six priorities put forward in the strategy were the right ones to achieve the vision.

Respondents mentioned that there was a need to reference the involvement of Health partners; work with groups such as sofa-surfers; work with landlords in the private rented sector to accept tenants in receipt of benefits; and increase supply of housing.

Officers are of the opinion that based on the feedback, there is no need to change the wording of the six strategic priorities. However, minor changes have been made to the strategy and action plan to strengthen the existing text that cover these points.

**Priority 1 – work with the County, City and District Councils and partner organisations across Oxfordshire to identify the causes of homelessness in our area, facilitate early interventions and responses to increase successful homelessness preventions, and make sure that no one has to sleep rough.**

It is encouraging that most of the respondents agreed or strongly agreed with Priority 1. From the comments received, it is accepted that there is a particular role for Health (addressing mental and physical health) to be involved in early intervention and homelessness prevention. Whilst this has been covered by the strategy, existing wording has been changed to provide strength and clarity (page 6). Officers also accept that CDC should explore the potential to work with counties bordering Oxfordshire and the strategy has been amended to reflect this (See pages 9 and 13). Other points raised in feedback in relation to Priority 1 are already adequately covered within the strategy.

**Priority 2 – Proactively identify, engage with and assist households who have difficulty accessing and receiving homelessness services.**

It is encouraging that all respondents agreed or strongly agreed with Priority 2. Existing wording in the strategy already covers most of the points raised during the consultation. Minor amendments have been made to the strategy text to strengthen or clarify the existing messages around working in partnership with key stakeholders and service providers (page 9), staff training and flexible approaches used to engage with people who have different levels of capacity to engage (Items 11 & 13 on Action Plan and strategy pages 11, 12).

**Priority 3 – Proactively engage with and support households to develop housing resilience and when needed, to access suitable accommodation to meet their longer-term needs.**

Most respondents to the consultation agreed or strongly agreed with this priority, however there were some concerns about what 'housing resilience' would look like and if it was possible to achieve given that everyone has different needs. The strategy sets out the aim to take a person-centred, trauma-informed approach to individual needs and personal housing plans will be a key measure of individual need and positive outcomes. Minor amendments have been made to the existing wording to strengthen what is meant by housing resilience and how it will be measured for the individual. (Page 12)

**Priority 4 – Engage and work collaboratively with people with lived experience of homelessness and commission the right support to reduce, prevent and ultimately end homelessness and rough sleeping.**

Again, the consultation responses were supportive of this priority but as with the 'Vision', the feedback queried if it was possible to 'ultimately end rough sleeping' or if this was aspirational. See earlier officer comments on the 'Vision'. As the strategy and action plan sets out, working in partnership with OHM and the Lived Experience Advisory Forum as well as service users, will help us to deliver this strategic priority. In terms of the feedback suggestion that services should be provided in the immediate locality of people's support network, CDC already provides tenancy support and commissions external support providers (through grants or core funding) to provide services locally, including moving the existing provision for complex needs beds from Oxford to Cherwell, and provision of Outreach, floating support and money advice services through partner agencies. Officers have noted the comments received in response to this strategic priority and the comment that priorities 2, 3 and 4 are inter-linked. Whilst Officers are of the opinion that it is not necessary to make changes to the strategy or action plan as the issues are sufficiently covered, a minor change on page 12 acknowledges the link between the priorities. The annual review of the action plan will also ensure that any projects relating to this priority continue to be relevant, effective and deliverable.

**Priority 5 – Make sure that our service is flexible and equipped to deal with any future local Covid-19 outbreak or emergency**

Everyone who responded to this question agreed or strongly agreed with the priority. The input of Health has been captured earlier. The planned and ongoing work set out in the strategy will ensure the service is flexible and inclusive and the project to learn from the existing pandemic will seek input from County and other Districts. Officers have noted the comments received in response to this strategic priority and are of the opinion that it is not necessary to make changes to the strategy but for clarity, text has been added on page 13.

**Priority 6 – Work in partnership to increase supply of affordable housing and make sure that accommodation in the private sector is good quality, that tenants are treated lawfully and fairly, and there is improved access to affordable private sector accommodation for homeless households.**

Almost all consultation respondents strongly agreed or agree with this priority. It is important to note that in relation to delivery of more affordable and social rented housing, making better use of existing housing stock (including the private rented sector), and working with the City Council to deliver housing to meet Oxford's unmet housing need, there is significant overlap with the CDC's adopted Housing Strategy 2019-2024. Actions within the Housing Strategy and Action Plan aim to deliver outcomes that meet with the concerns raised by people responding to the consultation on the draft Homelessness and Rough Sleeping Strategy. However, minor amendments have been made to the Homelessness and Rough Sleeping strategy on page 13 for clarity and to reinforce the existing text, and to better demonstrate the links between the two strategies and the work to support access

into private rented tenancies. Development of a combined housing, homelessness and rough sleeping strategy in future will help to eliminate any overlap through a holistic approach to all housing issues, including supply and demand.

Where a change has been made into the main strategy document, this is also reflected in the Action Plan.

## **Views on the Strategy Action Plan**

When asked whether the proposed actions contained in the Action Plan were right, most people who responded felt they were. The further comments provided, highlighted a perceived excess of actions that were disproportionate to the number of rough sleepers in the district and queries whether the evaluation methodology was clear for each action. Other respondents suggested more could be done to promote how to make a referral into support services and also more support should be provided to people evicted from supported housing pathways and those declared intentionally homeless. Another suggestion was to review the action plan more frequently than the suggested 2-year review.

Having considered the comments above, Officers consider that most of these points have been adequately addressed in the Action Plan. The work to support people who are threatened with homelessness or evicted from supported housing pathways will be part of the actions identified as Items 3 and 4 in the Action Plan. It is not practical to include all of the project plan details within each strategy action point. The actions imply the intention of the project and the detail will be worked up as part of a project plan to be agreed with relevant parties and with involvement and design of service users where appropriate. The number of actions has not been reduced. As set out in section 6 of the strategy, the two-year action plan will be reviewed annually to ensure that it remains relevant, achievable and dynamic to the changing needs of customers and the ongoing and future (social and economic) impact of Covid.

One other suggestion was to provide more leisure activities to support people with mental health difficulties. Whilst this is not within the scope of this Homelessness and Rough Sleeping Strategy, access to such services may be identified as part of a Personal Housing Plan or explored as part of Action Plan items 9 or 11.

When asked what people would like to see included in future action plans, many suggestions were found to be already covered by the existing strategy action plan i.e. better housing options; taking a person-centred and trauma-informed approach to understanding the reasons for homelessness and how to prevent it or build housing resilience; better partnership working to problem-solve and identify early solutions; consulting homeless charities for best intervention techniques, referrals to debt and money advice services etc.

One suggestion for a future action plan was to provide a night shelter in Banbury and another was to offer more resources to help mental health. In response, the need to commission new specialist accommodation and support services must be supported by evidence and provision will be dependent upon available budgets and resources. Ideally, CDC aims to provide longer-term solutions to housing rather than night shelters. There is a commitment within the Homelessness and Rough Sleeping

Strategy 2021-2026 to provide more Housing First units and to take a housing-led approach to reduce and end rough sleeping where this is possible. The Action Plan has been adjusted to strengthen the focus on supporting customers who have mental ill-health or a history of substance misuse. These changes support improved protocols, procedures and staff training. See Action Plan items 13 and 24.

Three people out of 21, commented generally on the draft Homelessness and Rough Sleeping Strategy. The comments were positive and supported the initiatives in the strategy. However, one comment highlighted the need for the strategy to take a broader community element to the plan. In response, officers acknowledge that there is no specific reference to a community approach but the focus throughout the strategy has been to involve partners and particularly service users and people with lived experience of homelessness to design and inform service provision. Officers will use the feedback from this work to better understand how the community may feature more strongly in reducing and tackling homelessness and rough sleeping. This may feature a future version of the strategy Action Plan.

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