



# Homelessness Prevention Strategy 2016 – 2020





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## 1. INTRODUCTION

The Homelessness Act 2002 requires every local authority to carry out a review of homelessness in their district every 5 years and to publish a Homelessness Strategy based on the findings of the review.

The legislation emphasises the importance of working strategically with social services and other statutory, voluntary and private sector partners in order to tackle homelessness more effectively.

The Homelessness Code of Guidance for Local Authorities, July 2006 states that the purpose of the review is to establish the extent of homelessness in the district, assess its likely demand in the future, identify what is currently being done and what level of resources are available for preventive and responsive work.

In December 2015, the Communities and Local Government (CLG) Committee announced an inquiry into the causes of homelessness, as well as the approaches taken by national and local government to prevent and tackle homelessness. The inquiry will include the effectiveness of the current legislative framework in England with a review of the different approaches taken in Scotland and Wales. The Homelessness Prevention Strategy will be reviewed in the light of any recommendations and/or changes arising from the inquiry.

Herefordshire's Homelessness Review provides an evidence base for the development of the Homeless Prevention Strategy objectives and should be read in conjunction with this strategy.

Homelessness can happen to anyone, but some people often face greater difficulty in accessing and maintaining a home. These include rough sleepers, young people, people with substance dependencies or mental health issues, people with challenging behaviours and people who are socially marginalised.

For this reason the strategic objectives include preventing homelessness and finding solutions for those who often face the greatest barriers in accessing and sustaining a stable home. The council will work towards achieving these objectives by 2020.

## 1.1 Strategic Objectives

### Objective 1

- Minimise rough sleeping and increase tenancy sustainment opportunities for rough sleepers and people with complex needs.

### Objective 2

Maximise homeless prevention activity by building on current success and promoting positive opportunities for homeless people and those at risk of homelessness.

### Objective 3

- Help improve the health and wellbeing of homeless people and those who are at risk of homelessness.

### Objective 4

Ensure homeless people and those at risk of homelessness are able to access affordable housing and that support services are targeted effectively.

## 2. EQUALITY ACT 2010

Under the Equality Act 2010, public bodies such as Herefordshire Council must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Many factors combine to cause and contribute to homelessness. Homelessness, poor and insecure housing have adverse effects on the overall health and wellbeing of individuals and communities. Housing inequality also impacts on other factors such as income, education, health and wellbeing and life experiences.

In Herefordshire we have a strong commitment to promoting equality and tackling disadvantage. Herefordshire Council, along with other local organisations, has signed up to Herefordshire's Equality and Human Rights Charter. The Charter sets out an agreed vision of equality and human rights for the communities of Herefordshire.

### **3. HEADLINE FINDINGS FROM THE HOMELESSNESS REVIEW**

Statistical data on homelessness in England is compiled by the Department of Communities and Local Government (DCLG) from statutory P1E Returns, which are submitted quarterly by local authorities. The P1E contains statistics on statutory homelessness, rough sleeping and homelessness prevention and relief.

The official figures do not, however, give a full picture of homelessness in England. They exclude those who are homeless, but who do not approach a local authority for assistance and households who do not meet the statutory criteria.<sup>1</sup>

The following is a summary of some of the main findings, which are fully detailed in the Homelessness Review.

#### **3.1 Statutory Homelessness in Herefordshire: Totals and Priority Need**

- The number of households making a formal homeless application reduced from 372 in 2012-2013 to 220 households in 2014-2015, a reduction of 40%. The number of households being accepted as statutorily homeless also reduced from 70% of total applications in 2012-2013 to 53% in 2014-2015.
- As identified in the Homeless Review document, the above should be understood in the context of a preventative approach, which reduces the number of households counted as making a formal homeless application. This should not, therefore, be taken to mean that homelessness is a decreasing issue in Herefordshire. Statistics show that 148 households were prevented from becoming homeless in 2013-2014 and 511 in 2014-2015.
- By far the most significant and consistent reason for the determination of 'priority need,' between 2012-2015, was that the household contained a dependent child or children. In total, 361 households were owed the full homeless duty for this reason.
- Household member being pregnant was the next highest reason, although significantly lower at a total of 78 households over the three year period. The local situation mirrors the national picture, where the presence of dependent children established priority need in 67% of total cases, followed by household member pregnant at 7%.

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<sup>1</sup> That is households who are (i) homeless or threatened with homelessness within 28 days, (ii) eligible for assistance, (iii) have a priority need, (iv) not homeless intentionally, (v) and have a local connection with the area (except in cases of domestic abuse)

- Over the three-year period 45 households were in priority need due to mental illness and 28 households consisted of or included a disabled person. At respectively 6% and 5% of total applications this is consistent with national figures.
- Whilst the number of people whose priority need was established through mental illness is small, the costs to the individual and social care and health services are considerable.
- In 2014-15 there were no homeless acceptances where priority need was established due to domestic abuse. As above, this does not mean that incidents are declining in the county, but that homelessness was prevented through effective joint working between the council's Housing Solutions Team and West Mercia Women's Aid (WMWA).
- Domestic abuse is still largely a hidden crime, but it is one that can sometimes have life-threatening consequences. In 2014, information suggests that 150 UK women were killed by men. One woman every 2.8 days.<sup>2</sup>
- A research project undertaken by the London Metropolitan University, published January 2011, estimated the annual total financial costs of domestic violence in England to be £5.5bn.<sup>3</sup>

#### 4. ROUGH SLEEPING

Rough sleepers are defined by the DCLG as people sleeping / bedding down in the open air, on the streets, in tents, doorways, parks and bus shelters etc. It also includes those in buildings or other places not designed for habitation, such as stairwells, barns, sheds, car parks and makeshift shelters such as cardboard boxes.

Herefordshire's Rough Sleeper Count identified 26 rough sleepers in 2012. This figure had reduced to 12 people by the November 2015. Whilst there are a number of different reasons for this, the work of the Street Outreach Worker in helping rough sleepers off the streets and in sustaining accommodation has been very significant.

*'It is vitally important to not lose sight of the scale of the human cost of single homelessness. The unique distress of lacking a settled home, which can be combined with isolation, high support needs and a disconnection from mainstream social and economic life, is perhaps the most damaging form of poverty and marginalisation that can be experienced in the UK.'*<sup>4</sup>

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<sup>2</sup> The 'Counting Dead Women Project'

<sup>3</sup> 'Islands in the Stream,' London Metropolitan University, January 2011

<sup>4</sup> 'At what cost: An estimate of the financial costs of single homelessness in the UK, University of York, July 2015

## 5. HIDDEN HOMELESSNESS / CONCEALED HOUSEHOLDS

Hidden homelessness generally refers to households, who may be in a similar housing situation to those who apply to local authorities as homeless, but who do not do so.

Concealed households are family units or single adults living in the homes of other households and, who may want to live separately given appropriate opportunity.

Census data for 2011 showed that, in Herefordshire, there were 850 concealed families. This, which represents an increase of 87% since 2001 compared to 70% nationally, would indicate that there is considerable tenure-wide housing pressure in the county.

## 6. STRATEGIC OBJECTIVES

**The strategic objectives reflect the council's commitment to prevent homelessness happening whenever it is possible to do so and, where this has not been possible, to prevent it happening again.**

Homelessness issues are complex, often requiring support and early intervention from many other service areas including health, social care, the wider criminal justice system, housing providers and voluntary and community organisations.

We are working in a challenging environment of significantly reduced council budgets, the uncertain impact of radical reforms to housing and social welfare policy and increasing pressures on local services. If we are to continue to build upon our existing success in preventing homelessness there must be a commitment to do so from across the council and from external stakeholders and partner agencies.

### Objective 1

Minimise rough sleeping and increase tenancy sustainment opportunities for rough sleepers and people with complex needs

**Rough sleeping is the most visible and damaging manifestation of homelessness.**

As set out in the council's Homelessness Review document, homelessness places substantial costs on the NHS. In 2010 the Department of Health estimated that people who are sleeping rough or living in a hostel, a squat or sleeping on friends' floors consume around four times more acute hospital services than the general population, costing at least £85m in total per year.

Rough sleepers and people in unstable accommodation have significantly higher levels of mental and physical ill health, substance abuse problems and higher rates of mortality than the general population. In addition, they are more likely to die young. The data analysis in the 'Homelessness Kills,' research paper<sup>5</sup> shows that rough sleepers and those in temporary homeless shelters have an average age of death of 47 years compared to 77 years for the general population.

***'It is unacceptable that anyone has to sleep rough on the streets of Britain today. It is damaging to individuals and to communities. It is essential that tackling the issue remains at the heart of efforts to combat homelessness.'***<sup>6</sup>

## **ACTIONS:**

1	Consolidate the Rough Sleeper Outreach Worker post and its funding through direct employment within the Adult Wellbeing Housing Solutions Team.
2	Investigate external funding opportunities to expand the assertive rough sleeper outreach service, focusing on preventative activity around known rough sleeping pathways and the provision of successful tenancy sustainment once suitable accommodation is obtained.
3	Consolidate the Hospital Discharge Worker post and its funding through direct employment within the Adult Wellbeing Housing Solutions Team.
4	Support Home Group in a Big Lottery Fund application to develop a Home Achievement Programme (HAP) project for Herefordshire through which homeless people, or those at risk of homelessness, with complex needs and those at risk of homelessness can be supported to address issues such as substance misuse, domestic violence, offending behaviour, debt, tenant responsibilities and health matters.
5	Work with housing associations locally to establish opportunities for developing a 'housing first' pilot project for housing applicants undertaking HAP, and subject to a housing association exclusion policy, to be offered a social housing starter tenancy.
6	'Engage in joint working with other street based support services, as appropriate and continue to build on existing relationships with Integrated Offender Management.'
7	Strengthen joint working between the Hospital Discharge Worker and social care staff through the identification and removal of any existing barriers.

<sup>5</sup> 'Homelessness Kills: An analysis of the mortality of homeless people in early twenty-first century England,' University of Sheffield, September 2012

<sup>6</sup> 'Let's Make the Difference,' Homeless Link, January 2015





P was employed, living in settled rented accommodation and had a good relationship with his family. When he lost his job his life spiralled out of control, he became depressed and started using drugs. His need was such that, as soon as his welfare benefit payments were deposited, the money was withdrawn to buy any substance, which was available to him. His relationship with his family deteriorated and he was eventually evicted from his home. He began sleeping rough; his health deteriorated and he did not engage with any of the statutory services.

P became known to the Street Outreach Worker and slowly a relationship of trust was built. Through this contact he began to understand that he could change his life and, more importantly perhaps, that he really wanted to. The Street Outreach Worker found and successfully negotiated access to the type of substance rehabilitation support services that would give P the best chance of success.

After an uncertain start P reported that he was doing well. Relationships were being re-established with his family and he said that he was happy, feeling positive and looking forward to a future without addiction and criminality.

## Objective 2

Maximise homeless prevention activity by building on current success and promoting positive opportunities for homeless people and those at risk of homelessness

Shelter estimates that every eleven minutes a family in Britain loses their home.<sup>7</sup>

### ACTIONS:

- 1 Identify the actions necessary to ensure that there is a corporate commitment to homeless prevention across Herefordshire Council and Health Services, and develop and agree actions for implementation.
- 2 Identify funding and other opportunities to actively work in partnership with others to help homeless people develop their skills and access the support, education, employment and training needed to achieve their aspirations and promote successful tenancy sustainment.
- 3 In partnership with voluntary and community groups and homeless people or those at risk of homelessness, explore the feasibility of developing a social enterprise to increase employment opportunities for homeless people.
- 4 Continue to seek and maximise new funding opportunities for prevention initiatives, including supporting funding submissions by the voluntary sector and community groups to resource support and outreach work with socially excluded households at risk of homelessness.
- 5 Work with private landlords to put in place packages of support and financial assistance that provide incentives for landlords to offer tenancies to people who are homeless or threatened with homelessness.
- 6 Investigate how the reasons why private sector landlords terminate Assured Shorthold tenancies can be more effectively captured as a basis for addressing homelessness from this tenure and identifying potential opportunities for prevention.

<sup>7</sup> Making Change Happen, Shelter 2014

7	Work collaboratively with the council's Children's Wellbeing Directorate and social housing providers to identify how the housing and support needs of homeless, and potentially homeless, 16-17 years old and young people leaving care can be most effectively met. Review existing joint working protocols and develop new models, which are appropriate and sharing of the management of risk.
8	Continue to work with vulnerable families under Herefordshire's 'Families First Programme' to prevent homelessness and deliver lasting positive change. Identified outcomes are to: <ul style="list-style-type: none"> <li>i. Improve children's school attendance and behaviour</li> <li>ii. Reduce both adult and youth crime and anti-social behaviour</li> <li>iii. Assist adults into employment or training</li> </ul>
9	Continue to work with West Mercia Women's Aid in their support for women who are homeless or at risk of homelessness due to domestic violence and abuse.

The following case study is illustrative of findings from a number of research projects including 'Rebuilding Shattered Lives, St Mungo's March 2014, which suggest that women's life experiences of violence and abuse can be a significant risk factor in the development of subsequent mental health problems.

It is suggested that these experiences can leave some women with very complex needs, including a combination of offending behaviours, alcohol and/or drug issues, homelessness, and for many, continued experiences of violence, abuse and exploitation.

Mental health consequences such as depression, anxiety, post-traumatic stress disorder, self-harm issues, and low self-esteem can be exacerbated by the lack of sustained access to appropriate services. Suicide attempts are much higher amongst women who have been abused compared to those who have not.



B was admitted to hospital after overdosing on drugs and alcohol. She had been in abusive relationships, had a history of mental ill health and, often, a very chaotic lifestyle. Her stay in hospital was challenging and resource intensive and there was a very real possibility that she would be homeless on discharge.

Prior to coming to Herefordshire B had been accommodated in a women's refuge in another part of the country. It was planned that she should return and travel arrangements were made. Unfortunately, before this could happen, B was arrested following an incident, and held at a police station. This changed the situation and considerable negotiation and discussion with all involved parties was necessary before it was agreed that could return to the refuge, where she would receive the support she needed to access and maintain and appropriate housing.

This is the sort of approach recommended in 'Making Every Contact Count,' DCLG, August 2012 which states that:

*'For many people, becoming homeless is not the beginning of their problems; it comes at the end of a long line of crises, a long line of interaction with public and voluntary sector services, a long line of missed opportunities. We must change that.'*

## Objective 3

Help improve the health and wellbeing of homeless people and those who are at risk of homelessness.

*People who become homeless have some of the highest and costliest health needs in a local community, but those needs are often overlooked when healthcare and social care services are planned and commissioned.<sup>8</sup>*

### ACTIONS:

- 1 Investigate the feasibility of carrying out the Homeless Link Health Needs Audit with voluntary and statutory agency partners. The Audit has been updated with funding from Public Health England. This is a big project and will require the commitment of all partner agencies if successful implementation and robust results analysis is to be achieved.
- 2 Investigate the feasibility of developing a Groundswell Homeless Health Peer Advocacy Project, which will support homeless people to access health care and be delivered by volunteers with personal experience of homelessness.
- 3 Demonstrate a commitment to improve the health of homeless people by working towards achieving the priorities in the St Mungo Broadway Charter for Homelessness Health through:
  - i. Identifying and including the health needs of homeless people in the Joint Strategic Needs Assessment, including people who are sleeping rough and those living in temporary supported accommodation.
  - ii. Providing leadership on tackling health inequalities through a stated public health commitment and the recognition of homelessness as a priority for the Herefordshire Health and Wellbeing Board.
  - iii. Commission for inclusion by working with the CCG to ensure that local health services meet the needs of people who are homeless and that services are welcoming and accessible.

Research has shown that street homeless people and those at risk of homelessness often seek medical help at a later stage during illness, leading to costly secondary health care and reduced positive health outcomes. This can be intensified by reduced opportunity for recovery if homeless people return to inappropriate, insecure accommodation after medical treatment.

<sup>8</sup> 'Homeless Health Needs Audit,' Homelessness Link, August 2015

As the Case Study below illustrates, in some cases, accommodation may be lost during hospitalisation, resulting in further costs to health services where a patient has no suitable accommodation to return to upon hospital discharge. In addition, people can recover more quickly if they have appropriate accommodation to go to and they are also less likely to be readmitted to hospital as emergency patients.

Research quoted in Homeless Link's, 'Evaluation of the Homeless Hospital Discharge Fund, January 2015, showed that the total cost of hospital usage by homeless people has been estimated to be about four times higher than the general population. If inpatient only costs are considered, the difference is eight times higher among homeless people.



L had been admitted to hospital due to self-neglect. She was dehydrated, insulin dependent and was also exhibiting acute symptoms of anxiety and depression. L had been living in insecure accommodation in the home of an acquaintance and due to changed circumstances was unable to return. The risks to L's health and her fragile emotional wellbeing meant that she could not be discharged from hospital without a suitable home to go to.

As a priority, the Hospital Discharge Worker worked closely with L and other agencies to put all the necessary processes in place and L was able to bid for and acquire a housing association property which was suitable to her needs. Reports suggest that L's health is improving and she is happy in her new home.

## Objective 4

Ensure homeless people and those at risk of homelessness are able to access affordable housing and that support services are targeted effectively.

***'As the [universal benefit] cap is initially being implemented by "squeezing" Housing Benefit entitlement, housing organisations in both the social and private rented sectors expressed concern about its potential impact on rent arrears, evictions and increases in homelessness amongst those affected.'*<sup>9</sup>**

The shortage of low cost housing is a major barrier to tackling homelessness effectively.

Overall, however, it should be recognised that there are limits on the amount of control that councils' have on the operation of the provider market and consequently on issues such as how much housing is delivered, its affordability and tenure balance.

The majority of new homes will be built by private developers for sale to those seeking and able to buy on the open market. The type, size and location of developments will be directly influenced by housing demand and the affordability of the properties. Additionally, a number of affordable rented or intermediate homes will also need to be built for those unable to meet the financial commitment necessary to buy.

Given the pressures on Herefordshire's housing market, and a central government emphasis on low-cost home ownership, it is absolutely necessary to make best use of the existing affordable social rented housing stock. In addition, the council will need to explore appropriate alternatives in the private rented sector, as well as enabling the provision of new affordable accommodation options for those that are unable to access market housing.

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<sup>9</sup> House of Commons Briefing Paper, The Benefit Cap, July 2015

## ACTIONS:

1	Respond to the current pressures in the housing market by working with housing providers to enable the provision of new affordable accommodation for those that are unable to access market housing.
2	Work with local housing associations in their asset management stock viability and appraisal modelling to ensure that best use is made of existing resources and that schemes continue to be responsive to housing need.
3	Enable local housing associations to make the best use of their existing stock through provisions in the reviewed Home Point Allocations Policy.
4	Support housing association partners to develop open-market private rented sector housing, where appropriate.
5	<p>Support the delivery of new housing through the following:</p> <ul style="list-style-type: none"><li><b>i. Delivering New Homes Policy SS2</b><ul style="list-style-type: none"><li>➤ A supply of deliverable and developable land will be identified to secure the delivery of a minimum of 16,500 homes in Herefordshire between 2011 and 2031 to meet market and affordable housing need.</li><li>➤ Hereford will be the focus for new housing development to support its role as the main centre in the county. Outside Hereford, the main focus for new housing development will take place in the market towns of Bromyard, Kington, Ledbury, Leominster and Ross on Wye.</li></ul></li><li><b>ii. Affordable Housing Policy H1 – thresholds and targets</b><p>All new open market housing proposals on sites of more than 10 dwellings, which have a maximum combined gross floor space of more than 1000 sqm, will be expected to contribute towards meeting affordable housing needs.</p><ul style="list-style-type: none"><li>➤ Indicative affordable housing targets of 35% and 40% have been established for different parts of the county, based on evidence of need and viability in the county's housing market and housing value areas.</li><li>➤ Affordable housing provided under the terms of this policy will be expected to be available in perpetuity for those in local housing need.</li></ul></li><li><b>iii. Rural Exception Sites Policy H2</b><ul style="list-style-type: none"><li>➤ The provision of affordable housing is more difficult in rural areas where, often the scale and location of new development is more restricted. Proposals for affordable housing schemes in rural areas may be permitted on land, which would not normally be released for housing in accordance with the criteria set down in the policy.</li></ul></li></ul>

- The policy enables the provision of affordable housing outside of villages, in areas where there is generally a restraint on open market housing, so as to help meet affordable housing needs in rural areas in perpetuity.
- In order to enable the delivery of affordable housing some market housing may be permitted, as part of the development, to subsidise a significant proportion of affordable housing provision. This will need to be evidenced through a financial appraisal, as set down in the policy.

**iv. Individual or Group Self and Custom Build**

- The council recognises that individual or group self and custom build projects will contribute to the delivery of homes over the period of the Core Strategy. These may be in the form of affordable, low cost market and open market housing. The council will encourage and support this type of development where the proposals are in line with the relevant policies of the Core Strategy and neighbourhood plans.
- A self-build land register will be kept in accordance with the requirements of the Housing and Planning Bill, when enacted.

**v. Traveller sites Policy H4**

The accommodation needs of travellers will be provided for through the preparation of a Travellers' Development Plan Document (DPD), which will include site specific allocations. The Travellers' Sites Document, which is programmed in the Council's Local Development scheme (2015), for adoption in spring 2016, will include the following:

- An assessment of current need for permanent residential pitches with an indication of the process for updating need on a regular basis.
- Pitch targets for travellers.
- Deliverable sites for residential pitches for the period 2014-19 to set against targets.
- Identification of broad locations for further developable residential sites for travellers over the period 2019-2031.
- Identification of need for, and approach to, the provision of transit sites for the plan period.
- Consideration of the need for, and approach to, provision for travelling show persons within the county for the plan period.
- Consideration of the need for a rural exceptions policy to enable sites to be brought forward solely as affordable gypsy and traveller sites.



	<p>Traveller sites include those considered necessary to meet the residential needs of gypsies and travellers, who will remain in a location permanently or for substantial periods; transit sites for those moving through the area and well plots for travelling show people.</p>
6	<p>Continue to work with the Homes and Communities Agency, the Local Enterprise Partnerships and other partners to maximise the amount of external funding that can be drawn into Herefordshire to promote and deliver housing and economic growth.</p>
7	<p>Review the existing land and property portfolio, both as part of a planned strategic disposal approach, and in support of the delivery of market and affordable housing.</p>
8	<p>Explore options for increasing housing choice for homeless people through access to good quality, affordable private rented sector housing, where this is appropriate to the needs of the household and, where applicable, the duties set down in the Localism Act 2011 and the Homelessness (Suitability of Accommodation) (England) Order 2012 are clearly met.</p>
9	<p>Identify opportunities to pilot an additional shared accommodation model for young single people.</p>
10	<p>Identify opportunities for increasing access, for people under the age of 35 years, to social and affordable private rented accommodation in the light of the implementation of the Welfare Reform and Work Bill 2015.</p>
11	<p>Review the availability and use of good quality, affordable temporary accommodation for homeless households.</p>
12	<p>Work with social care colleagues and other stakeholders to continue to develop the evidence base for the housing and support needs of vulnerable people, including young people, learning disabled people, people with mental health problems and those with substance dependencies. Work with housing and support providers to enable these needs to be suitably met.</p>
13	<p>Continue to help prevent homelessness through the pro-active use of the Homelessness Prevention Fund to enable access to housing and/or prevent the loss of the existing home.</p>



J was living in a housing association property with his adult son D, who has a life-long development disability. J had failed to recover from an earlier physical and emotional trauma and the condition of his property continued to deteriorate to a, potentially, unsafe condition. Despite the best efforts of the housing association J did not engage and, as a last resort, the housing association was taking action to regain possession of the property and the family were at risk of homelessness.

G, a member of the Housing Solutions Team, who had previously worked with J, managed to convince him of the seriousness of the situation and he eventually agreed to co-operate. As a consequence, the housing association were prepared to withdraw legal action. G worked intensively with the family, the property was brought back up to standard, defective goods and furniture was replaced and both J and D were allocated a support worker.

Without this successful intervention the financial costs to other services would have been considerable. D is incapable of independent living and would have required accommodation to be provided by social care. J had a serious medical condition and was awaiting a further operation. He would not have been able to be discharge from hospital without a safe, suitable home to go to.

## **7. FUNDING CONTEXT**

The Homelessness Prevention Strategy has been written within the context of substantial reductions in the council's budget for the lifetime of the Strategy.

Since 2011, the council has saved £49 million. From now until 2020, the council will need to save an estimated additional £42 million.

The impact of this is that the council can no longer continue to pay for all the services that it has traditionally provided and faces challenging decisions about prioritising service areas and how they are provided.

## **8. NEXT STEPS**

We will, where necessary, develop an Action Plan in consultation with partner agencies, setting out the work necessary for achieving the strategic objectives and the dates by which we intend to achieve them.

The objectives will need to be delivered within existing resources and driven forward by members of the Commissioning Team and the Housing Solutions Team. Input will also be necessary from colleagues across other parts of the council and its partner agencies. The council will also work with other strategic groups and partnerships, where they have a role to play in addressing key objectives in the strategy.

Successful delivery will ultimately depend on effective co-ordinated action and commitment both within the council and across our statutory and voluntary sector partner agencies.

## **9. MONITORING**

The Homelessness Forum will monitor achievement of key objectives as set out in the Strategy Action Plan.

The resources available to deliver the Action Plan will be reviewed on a regular basis and every opportunity will be taken to acquire additional finance through external funding opportunities.

Finally it should be recognised that unforeseen challenges may continue to present through the roll-out of welfare reform and radical changes to central government housing and planning policy and that this may require a re-evaluation of approach.