

Housing and Accommodation:

Maximising local opportunities and resources



Brighton & Hove – Homelessness

Rough Sleeping & Homelessness

- Brighton & Hove has flow of between 15 to 20 new rough sleepers every week
- Where a local connection is known 60% are locally connected
- Rough sleeping figures are much reduced due to RSI funding and the impact of Everyone In (from 178 in 2017 to 88 in 2019 and 27 in 2020)
- Average number of NFA general health MRD patients is 4 a week, average in mental health is 4 a week

Existing Services – Homelessness and Rough Sleeping (non-statutory)

- SOS
- OSO & NSNO
- 700 units of commissioned supported accommodation (includes YP services and Housing First)
- Floating support services

Existing Services - Health

Pathway

- Hospital based team working to resolve the needs of NFA clients

Mental Health Homeless Team

- Commissioned to work with rough sleepers
- Primary & Secondary Care Service
- Commissioned to do assertive outreach with SOS

Arch Healthcare CIC

- GP service at centre of hub & spoke
- Provide specialist advice across system and run risk management meetings (MAHHM)

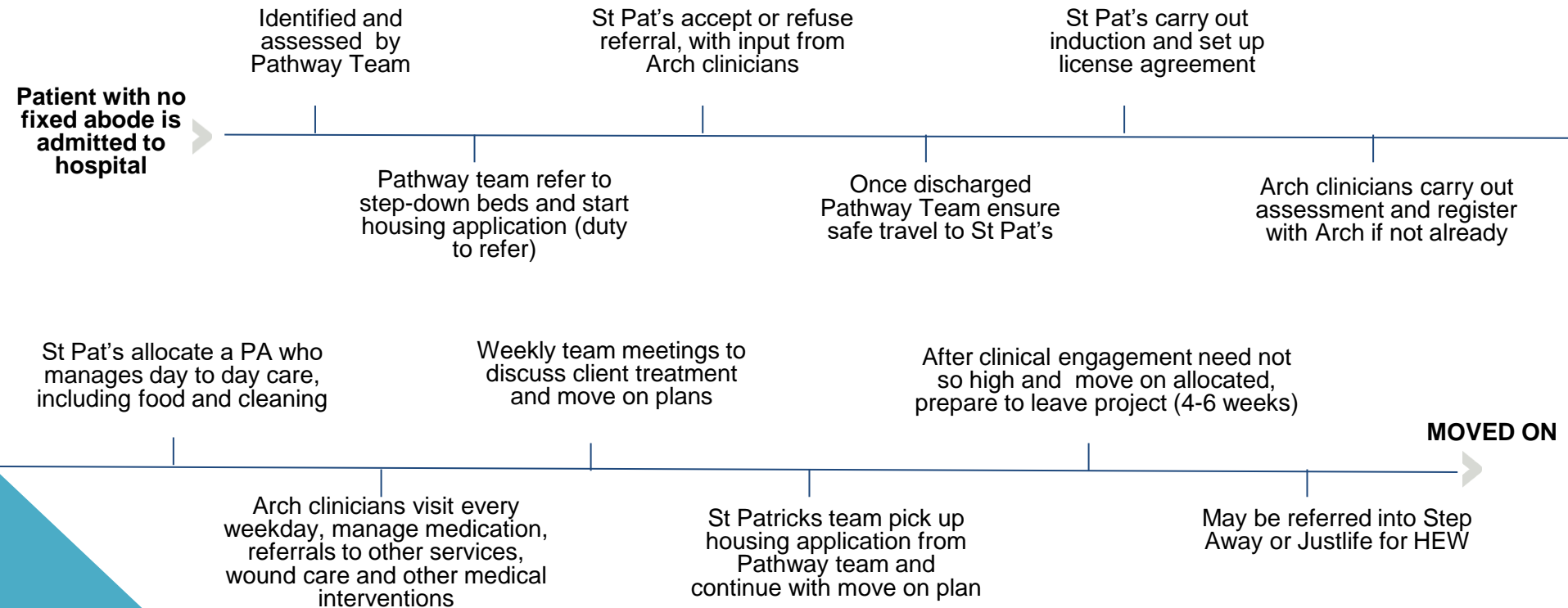
Homeless Integrated Primary Care Team

- Includes nurses, occupational therapists and assistants
- Provide assertive outreach expanded

Step Down and Step Away Model



Example client journey



Barriers - Solutions and Possible Solutions

Issue

- Delay in accessing supported housing due to demand
- Lack of wheelchair accessible accommodation
- NRPF
- Gatekeeping by Housing
- High cost private rented sector
- Lack of access to mainstream D2A for MCN patients/NFA patients

Solution

- Ongoing negotiation with Housing colleagues and the re-purposing of a H&ASC service to meet the needs of this group
- Discussion with an in house BHCC about providing an accessible unit
- Limited impact for Brighton & Hove – no direct solution identified
- Know your legislation and develop strong relationships
- Step Down have developed positive contact with a provider to assess costs and support negotiation
- Step Down – move to steady state funding for D2A – consider intermediate care beds and future planning in light of draft NICE guidelines