

Tuesday, 30 July 2024

**ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY  
SUB-BOARD**

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board**  
will be held on

**Thursday, 8 August 2024**

commencing at **2.00 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left  
corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

**Members of the Committee**

Councillor Tolchard (Chairwoman)

Councillor Fellows

Councillor Foster (Vice-Chair)

Councillor Johns

Councillor Douglas-Dunbar

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**A Healthy, Happy and Prosperous Torbay**

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# ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

1. **Apologies**

2. **Minutes**

(Pages 5 - 12)

To confirm as a correct record the minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 11 April 2024.

3. **Declarations of Interest**

- a) To receive declarations of non pecuniary interests in respect of items on this agenda

**For reference:** Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

**(Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

4. **Urgent Items**

To consider any other items that the Chairman decides are urgent.

5. **Peninsula Acute Sustainability Programme (PASP) draft Case for Change**

(Pages 13 - 28)

To consider a report outlining the Peninsula Acute Sustainability Programme draft Case for Change and provide feedback.

(Note: to be presented by Liz Davenport, Chief Executive, Torbay and South Devon NHS Foundation Trust and Kate Lissett, Chief Medical Officer, Torbay and South Devon NHS Foundation Trust).

6. **Draft Homelessness and Rough Sleeper Strategy 2024 - 2030** (Pages 29 - 106)  
To review the consultation draft Homelessness and Rough Sleeper Strategy 2024 – 2030 and make recommendations to the Cabinet.

(Note: presented by Tara Harris, Divisional Director Community and Customer Services, Torbay Council; Lianne Hancock, Head of Housing Needs, Torbay Council and Dave Parsons, Strategic Lead for Community Protection, Torbay Council).

7. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 107 - 112)  
To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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**Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board**

**11 April 2024**

**-: Present :-**

Councillor Johns (Vice-Chair)

Councillors Twelves, Fellows and Long

(Also in attendance: Councillors Tranter, Steve Darling and David Thomas)

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**32. Apologies**

An apology for absence was received from Councillor Tolchard and it was reported that, in accordance with the wishes of the Liberal Democrat Group, the membership of the Sub-Board had been amended to include Councillor Long in place of the Chairman, Councillor Joyce. In the absence of the Chairman, the Vice-Chairwoman, Councillor Johns Chaired the meeting.

**33. Minutes**

Subject to the recommendation 4 being reworded as set out below, the minutes of the meeting of the Sub-Board held on 14 March 2024 were confirmed as a correct record and signed by the Chairwoman:

**Recommendation 4:**

4. ~~to request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer's Society regarding HIV associated neurocognitive disorder (HAND) on the Council's webpage – [HIV-associated neurocognitive disorder \(HAND\) | Alzheimer's Society \(alzheimers.org.uk\)](#)~~
4. to request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer's Society on the Council's webpage.

**34. NHS Delivery - Building a Brighter Future Programme Update**

The Director of Capital Developments, New Hospital Programme Director, Torbay and South Devon NHS Foundation Trust provided Members with an update and presentation on the delivery of the capital programme and re-design of Torbay Hospital.

It was recognised that Torbay Hospital was the third oldest hospital in the country and over 80% of the core hospital estate was in either bad or poor condition, including main inpatient wards, emergency department and outpatient department. Therefore, the backlog maintenance remained significant and also impacted on delivery of patient care and affected staff morale, recruitment and retention.

The Board was informed that the programme was still at an early stage of development at the business planning and master planning concept design stage, but that the need for a new hospital was as great as ever.

Hospital 2.0 provided a ground-breaking standardised approach to designing and building hospitals and would make the process faster, more sustainable and more cost-effective, reducing the time from planning and design through to completion, commissioning and opening new buildings to patients. The designs included digital solutions and optimised hospital layouts. All schemes in the New Hospital Programme would proceed through the development phases up to full business case prior to 2030. Torbay Hospital was in Cohort 4.

Following feedback, some changes to the site enabling business case were being made to allow better alignment with the Hospital 2.0 programme. Although the standardised approach had resulted in a slowing down of delivery of the programme, it was anticipated that site clearance would commence later in 2024. This would cover three areas:

- site clearance (two phases);
- high voltage resilience and infrastructure; and
- car parking.

In terms of current preparations, the Board was informed that the Masterplan had been reviewed and that the cost of the build, staffing and running the building would be analysed in the business case. The outline business case and full business case would be required before the build could commence.

The Board asked a number of questions in relation to construction access to the site and engagement with local residents; whether a multi-storey car park was being considered to provide parking; when the build would commence and when the new hospital build would be completed; whether plans for the new diagnostic centre in Market Street were behind schedule; what work was being done to make improvements following the outcome of the Care Quality Commission (CQC) report; whether the current building was affected by Reinforced Autoclaved Aerated Concrete (RAAC); whether any of the current hospital building would remain; the cost of scaffolding around the tower and consultation around patient access and services.

In response, Members were reassured that there would be a wider public consultation once early development stages were completed. Transport planners would work with Torbay and South Devon NHS Foundation Trust to develop egress and access strategies and construction site access would be addressed within that. Additional parking options were being explored in the interim together with longer term options for the Hospital, for example, a park and ride facility off site and multi-storey car park

on site. A site enabling communications strategy was being developed but would not be released until the changes to the site enabling case were approved.

Given the existing timetable, it was anticipated that a significant start to the build would not commence before 2027. In terms of improvements following the CQC recommendations, Members were informed that delivery was affected by the amount of funding available, with challenges around that and competing priorities – it was recognised that health and safety had to be a high priority.

It was confirmed that although RAAC did not affect the current buildings, there were other issues with regards to the concrete construction within the existing estate and in particular the 1967 Tower block and podium. Over 80 structural defects had been identified and corrosion was accelerating due to airborne salt because of its location on the Coast. Scaffolding and crash decks had been installed to reduce the risk of falling masonry. Further investigation works were taking place before remedial works could be designed and delivered. The money spent on the tower to date had been funded at a local level. The case has been made that Torbay Hospital should be treated as a priority, alongside RAAC affected hospitals, given these issues.

Members were informed that fifty percent of the current estate buildings would remain alongside the new build, but it was hoped that the remaining estate could be brought up to a better standard. In terms of the new build delivery of a first phase would likely be parking solutions and the planned care centre, with a second phase of a new emergency department and ward blocks. However a definite timeline was not yet available.

Members acknowledged that since the opening of the new Endoscopy Unit, the waiting list had reduced by 87% and that the opening of the new Theatres had reduced the time people had to wait for surgery and the time that people were in hospital following surgery.

Other Members in attendance asked questions in respect of whether any of the existing hospital buildings were listed; how many hospitals were completed at Cohort 3; whether modular builds had a lesser life span than a regular build and that once the build was complete whether any of the existing facilities based at the hospital would be lost. Other Members commented upon the positive support and engagement with new staff at the Hospital, which was complemented in the CQC report and asked what mitigations were in place to counterbalance the issues with the current hospital estate and the pace of delivery for the hospital programme and whether it was usual for hospitals to have to spend a significant amount of money on maintenance of buildings. It was also suggested that a positive approach would be to ask for confirmation as to when the next tranche of funding would be available.

In response, the Board was informed that the Chapel was currently the only building that was listed and that the standardised approach had not been built yet in terms of Cohort 3 and 4. Modular units were not designed to have the same life span as more traditional buildings but were a bridge towards new facilities. The Board was reassured that core clinical functions would remain based at the Hospital. It was hoped that additional funding could be secured and that funding opportunities were constantly being explored, although more capital and revenue would be welcome. In

terms of comparison to other Trusts, the monies spent on current building maintenance meant that there was less money to spend on schemes that support improving patient services. It was essential to ensure that every project could be delivered with best value for money, putting patient and staff needs at the forefront. There was a lot of work that could be done around changing the way things were done, for example, reviewing management of pathways had a positive impact on reducing waiting lists. Select committees had been investigating the pace of the programme and were aware of the condition and asset challenges across the estate.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the update provided by Torbay and South Devon NHS Foundation Trust in relation to the delivery of the capital programme and re-design of the hospital and recommends that:

1. Torbay and South Devon NHS Foundation Trust be requested to provide further updates on progress of the delivery of the capital programme and re-design of the hospital to include regular provision of a dashboard document to enable interim progress to be tracked;
2. Torbay and South Devon NHS Foundation Trust be requested to provide an update as to progress in delivery of the new diagnostic centre in Market Street, Torquay together with opening dates; and
3. the Cabinet Member for Adult and Community Services, Public Health and Inequalities be requested to write to the Health and Social Care Minister for confirmation as to when the next tranche of funding will be released; making the case for increased revenue and capital funding for the Hospital in future; highlighting the structural issues with the current Hospital estate buildings and the subsequent maintenance cost and highlighting the results of the recent Care Quality Commission (CQC) report and the challenges identified.

### **35. Local Government Association Contract Management Review**

The Interim Associate Director of Operations, Torbay and South Devon NHS Foundation Trust provided Members with an outline of the submitted report and an update on contract management improvements in Adult Social Care and Paris (case management recording IT system) replacement procurement.

Members were informed that initial Local Government Association (LGA) recommendations and action plans for Adult Social Care management improvement were complete and there were ongoing efforts to integrate revised processes into daily operations. Embedding market and contract management practices would take some time given the Team's recent formation and limited prior contract management activities. Collaboration with procurement colleagues at both the Torbay and South Devon NHS Foundation Trust and the Council was ongoing with clarification of roles and responsibilities in the commissioning process. The Strategic Team at Torbay Council and the Tactical Team at the Trust were working closely on the overall



development and management of the social care market. Next steps to progress included:

- further improvements in individual market segments with clear deliverables in 2024/25;
- to review the operational effectiveness of the Team;
- utilisation of the new contract management toolkit;
- further work around contract management for care homes;
- ensuring value and risk prioritisation;
- working closely with the Council to improve integrated working around business case approval processes related to commissioning and contracting processes; and
- emphasis on co-production of the new Care Home Specification through the Care Home Engagement Project.

Members asked questions around what did improved contract management mean for residents and why a majority of care homes who had complaints from LGBT residents retained a good CQC rating?

In response, Members were informed that residents would benefit from improved contract management in terms of management of cost which was really important as a provider and particularly for those self-funding. Quality would also be monitored alongside safety and good contract management would ensure a pro-active approach to improvements and to meet the communities' expectation of appropriate management. In terms of the LGBT question raised, the Director of Adult and Community Services explained that the Council's Diversity and Inclusion Lead Officer was working with Torbay and South Devon NHS Foundation Trust with focus groups of people to better understand how they felt about their care. The question around CQC rating and LGBT complaints could be included within that piece of work.

It was recognised that care home engagement was a vital piece of work as well as hearing from families, advocates and residents of care homes. This had allowed Torbay and South Devon NHS Foundation Trust to recognise that the care home specification needed re-writing to co-exist with the contract and it was currently being co-produced with both Strategic and Tactical Teams linking to community research.

Members also received an update on the Paris IT system replacement and were informed that an external delivery partner had been procured to support the options appraisal for the Adult Social Care IT system. It was necessary to future proof the IT system and the current system had been identified as having inefficiencies and carried operational risks. Requirements for the future system would include supporting customer ownership over social care plans, enabling mobile working, facilitating strengths-based conversations with clients, providing data and reporting for informed decision making, flexibility to amend reports according to regulatory changes, ensuring interoperability with wider systems and to align with digital strategy and cloud-first principles.

Following a series of engagement workshops an Options Appraisal was prepared with input gathered from over forty stakeholders and demonstrations from three market-leading suppliers. Results were presented to the Joint Steering Group for review and

the option to replace both the Adult Social Care Management System and the Finance Module was agreed. Next steps would include establishing the cost of implementation and maintenance, establishing a program to review systems and to define standard operating procedures and completion of the business case to progress for submission through Torbay Council's decision making governance process.

Members asked what the time line was for implementation of the new IT system and was the delay due to having to align systems?

In response, Members were informed that the replacement IT system would align with and enable transformational activities and allow for efficient management of current and new cases, ensuring public value for money, statutory compliance and provide an outcome-focussed approach.

It was anticipated that implementation of the replacement for the Paris IT system would be around 18 months. It would be necessary to de-couple systems as part of risk management and to ensure that the appropriate procurement processes were followed and it was recognised that this represented a significant piece of work.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the update provided by Torbay and South Devon NHS Foundation Trust in relation to the contract management improvements in Adult Social Care and the case management recording IT system replacement procurement and recommends that:

1. The Director of Adult and Community Services be requested to provide further updates regarding contract management improvements in Adult Social Care; and
2. The Director of Adult and Community Services be requested to provide further updates on progress with the Case Management Recording IT system replacement procurement.

### **36. Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme 2024 - 2025**

Members were informed that the Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme for the municipal year 2024/25 had been devised with input from Overview and Scrutiny Members. The work programme was designed to help shape how the Overview and Scrutiny meetings would operate and the work programme would remain fluid to accommodate topics that may require scrutinising throughout the year.

Resolved (unanimously):

1. that the Initial Adult Health and Social Care Work Programme for 2024/2025 as presented be approved; and

2. that the work programme will be kept under regular review by the Overview and Scrutiny Co-ordinator and the Chairman of the Adult Social Care and Health Overview and Scrutiny Sub-Board and the Scrutiny Officer with consultation being carried out with other Scrutiny Members via the monthly informal Overview and Scrutiny Briefings.

**37. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker**

The Sub-Board noted the submitted action tracker. The Senior Democratic, Overview and Scrutiny Officer provided the following updates:

- Update on Minute 18 (meeting 23 November 2023) – the Director of Adult and Community Services reported that information on dental hygiene was provided to care providers by Adult Social Care and the Integrated Care Organisation on a regular basis. The Director of Public Health reported that Public Health continued to work with partners to address this from a public health perspective. Therefore, this recommendation was captured within existing work streams and the Sub-Board was asked to note this recommendation as completed.
- Update on Minute 18 (meeting 23 November 2023) – the Director of Adult and Community Services reported that care homes work with primary care to ensure that all residents access screening services. The Director of Public Health reported that Public Health continued to work with partners to address this from a public health perspective. Therefore, this recommendation was captured within existing work streams and the Sub-Board was asked to note this recommendation as completed.

Members were also informed that an annual review on improvements in dental access and planned oral health improvement initiatives featured on the work programme for 2024/25.

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Chairwoman

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**Peninsula acute sustainability programme:  
Developing the case for change**

**Torbay Adult Social Care and Health Overview and  
Scrutiny Sub-Board**

**8 August 2024**

**July 2024**

## 1. Introduction

This paper covers the following:

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- An outline of the challenges facing acute hospital services in the Peninsula
- How we would like to work with local populations during phase 2

We would also like to take the opportunity to ask for feedback from Members on two things, that are described in this paper:

- Your feedback on the challenges we are facing
  - o Do you recognise the challenges?
  - o Is there anything we have missed
  - o What would your constituents say if they were here?
- To ask for your views on our proposed approach to involving people in developing our case for change
  - o Is there anything else we should be asking local people about our case for change and challenges?
  - o What is important to consider when making the information we use as accessible as possible for everyone to understand?
  - o Are there other methods we could use to ensure as many people as possible are able to have their say?
  - o Are there any groups who we might have inadvertently excluded using the approach outlined?

## Context

NHS organisations in Devon, Cornwall and Isles of Scilly are working together on an ambitious plan to improve acute services for local people and staff. The Peninsula Acute Sustainability Programme (PASP) involves the four NHS acute trusts and the two NHS commissioning organisations in Devon, Cornwall and Isles of Scilly:

- Royal Cornwall Hospitals NHS Trust
- Royal Devon University Healthcare NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- NHS Cornwall and Isles of Scilly
- NHS Devon

Across Devon, Cornwall and the Isles of Scilly, we want everyone to be able to:

- live happy and healthy lives
- have equal chances (ie the same opportunities as everyone else regardless of where they live or who they are)
- live well for as long as possible

- have independence
- have choice
- live free from harm.

We are focused on caring where it matters using the latest technology, the best clinical evidence and the latest research to provide the best outcomes and experiences for our people.

What we believe should be true:

- the care that can be provided at home, is provided there
- the care that can be provided in local communities, is provided there
- the care that can only be provided in an acute hospital setting, is provided there
- the care that is best provided in a specialist hospital setting or centre of excellence, is provided there

## What we already know, from what people have told us



## What NHS staff have told us



## Our fundamental challenges

The NHS in Devon, Cornwall and Isles of Scilly face significant challenges which have been exacerbated by the pandemic.

### Acute services must be transformed to address:

- services that are struggling to meet the increasing demand and needs of patients
- a growing older population
- existing (and worsening) inequalities in access and experience of services
- challenges in recruiting and retaining staff

### In addition we need to:

- support staff to deliver safe and high quality care
- ensure services conform to national and professional standards
- provide safe and high quality services across the whole geography
- meet demand now and in the future
- make the best use of our limited resources

In this YouTube video-link below the Devon, Cornwall and Isle of Scilly Chief Medical Officers/Medical Directors make the *case for change* for PASP:

<https://www.youtube.com/watch?v=gW-AU0cXlgw>



## We've already made some progress

Across the Peninsula hospitals already work together supporting delivery of services. There are also organisations and teams working innovatively and collaboratively to successfully improving our performance as the examples below demonstrate:

One Devon Elective Pilot	Staff and Clinical Networks	Use of technology
<p>Using the Nightingale Hospital as a specialist centre for orthopaedic, ophthalmology and spinal surgical services to achieve four aims:</p> <ul style="list-style-type: none"><li>• Maximise day case and High-Volume Low Complexity activity</li><li>• Standardise patient pathways</li><li>• Increase efficiencies in theatre utilisation</li><li>• Develop ability to support cross site working</li></ul>	<p>Hospitals across the Peninsula are working together in a networked way to provide care</p> <ul style="list-style-type: none"><li>• Interventional Radiology rota</li><li>• Urology</li><li>• Cardiology</li><li>• Trauma networks</li><li>• Neonatal networks</li><li>• ICU network</li></ul> <p>Networks between RDUH North and East</p> <ul style="list-style-type: none"><li>• Oncology</li><li>• ENT</li><li>• Acute medicine</li><li>• Midwifery/obstetrics</li><li>• Upper GI</li></ul>	<p>Shared Picture Archive System (PACS) that enables radiologists to share images across all peninsula Trusts</p> <ul style="list-style-type: none"><li>• Faster reporting, including overnight, without costly outsourcing.</li><li>• Faster diagnostics</li><li>• Faster time to treatment with results back to clinicians more quickly</li></ul>

## Peninsula Acute Sustainability Programme (PASP) – purpose

The Peninsula Acute Sustainability Programme aims to ensure **clinical, workforce and financial** sustainability of services at the five acute hospitals in Devon, Cornwall and Isles of Scilly.

The **primary objectives** of the programme are to:

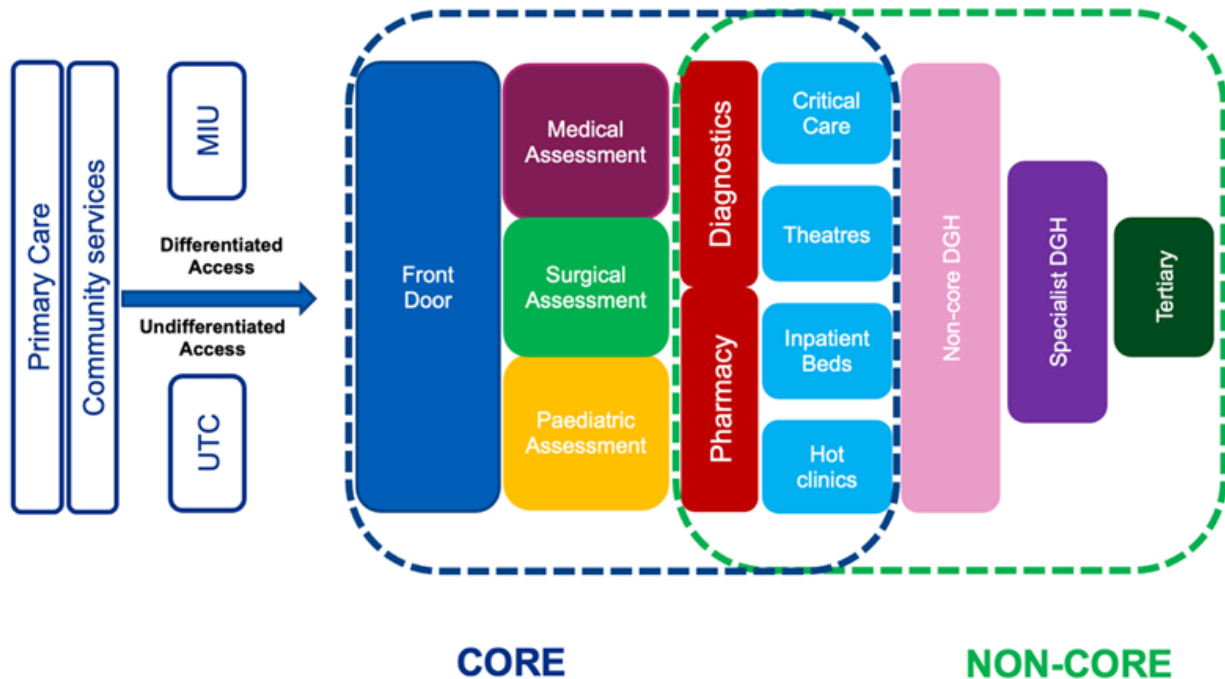
- Improve how we support our population's health needs and target health inequalities
- Ensure there are consistent and safe acute services across the Peninsula
- Address problems with fragile acute services
- Ensure that we have a sustainable workforce
- Make best use of our limited resources
- Learn from previous programmes of work and feedback from the public

The primary role of the PASP is to **support service sustainability in the long-term** creating a sustainable platform for strategic service improvement, and the **recovery of fragile services in the medium term** but it also needs to be **aligned with any short-term tactical improvements** to ensure support for recovery of elective, UEC, cancer and diagnostic services and Devon's exit from NOF4.

## 2. Outputs of Phase 1 - November 2022 – December 2023

### Starting hypothesis

The simplistic outline hypothesis that this programme started with was that through strengthening the assessment and diagnostic functions aligned to the hospital front door, there could be **different approaches to delivering the non-core services** that would start to address some of the significant workforce challenges facing the Peninsula.



### What we did in phase 1

We held a series of focused workshops within paediatric, medical and surgical specialties which involved a wide range of clinicians across the interdependent specialties, subspecialty and clinical support services from across Devon, Cornwall and Isles of Scilly.

We adopted a consistent approach for the paediatric, medical and surgical assessment workshops with 3 phases: Prepare the ground; Agree the position; Develop proposals.

A series of core questions, co-produced with Chief Medical Officers were used to stimulate workshop discussions. There was a clear requirement to think innovatively about what could be different.

Robust demand, activity and workforce data was essential input to considering the impact of changes in the demographic and health profile and needs of the population of Devon, Cornwall and Isles of Scilly and the complementary impact on staff.

We commissioned Healthwatch in Devon, Plymouth and Torbay, in collaboration with Healthwatch Cornwall, to support us in developing an understanding of patients

experiences of acute services in the Peninsula. This involvement happened in July 2023 and the report can be found here: <https://healthwatchdevon.co.uk/pas-report/>

## Key outputs from Phase 1

- A shared understand of the challenges faced delivering health services in acute settings across the peninsula
- A set of key messages from the clinical workshops for paediatrics, medical and surgical assessment (appendix 1).
- Feedback from patients and their families on their experience of using medical, paediatric and surgical acute services (appendix 2).
- An outline a possible direction of travel to transform acute service to ensure sustainability in the future.

## 3. Phase 2 January 2024 – December 2025

To meet the needs of the population of the Peninsula we need to consider transforming some services. Phase 2 will include:

1. Developing a detailed formal case for change in partnership with staff and local people
2. Undertaking some detailed modelling in conjunction with staff and patients to further explore possible ways to tackle our challenges.

Ensuring we have robust arrangements to continue involve staff, patients and the public will be vital to meeting our objectives and our statutory responsibilities

## Developing a detailed formal case for change in partnership with staff and local people

### What is a case for change?

A case for change describes, in detail, the challenges facing services. It is a **technical document** that uses data to evidence the need to change. It is required as part of the regulated transformation process outlined by NHS England.

Our case for change is being developed using [\*Major service change: An interactive handbook JUNE 2023, NHSE\*](#)

The technical case for change is provided for:

- Regulators (NHSE)
- Peninsula Acute Provider Collaborative
- PASP Board
- Peninsula Acute Trust Boards
- Health Overview and Scrutiny Committee Members
- The public

A **summary will also be produced** to support our local populations and stakeholders to understand our challenges.

## **Summary of our challenges**

The five acute hospitals across the Peninsula are facing unprecedented challenges in delivering high quality and timely care to patients. Many of our challenges existed before Covid, the global pandemic has exacerbated an already challenging position.

The NHS workforce are our biggest asset, but they are exhausted and burnt out from going above and beyond to deliver care for patients in processes that are not working for them.

An older age profile and more rapid population growth coupled with the impacts of the Covid-19 pandemic and 'cost of living' crisis, are contributing to increased demand for health and care services.

The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.

More detail of our challenges is provided in more information on the diagram overleaf. A detailed data pack will also be shared in due course.

**Challenges:** Multiple challenges face the Peninsula's hospital services and they are summarised as follows

**Increasing demand and inequity**

- Population growth expected to be highest in older people and those who use health services the most
- Inequity in life expectancy, healthy life expectancy, outcomes and access to health services exist linked to deprivation, rurality and other inclusion health factors in the Peninsula.

**Services not meeting demand or expectations – people are waiting too long for care**

- Services unable to keep up with demand is causing unacceptable waiting times in A&E, diagnostic and elective surgery.
- Patients are frustrated, becoming more unwell and losing more confidence in the NHS.
- Lack of productivity is resulting in escalation of care needs to the highest point

**Estates and infrastructure are not in place to deliver modernised care and effective system working**

- There is a risk that our buildings could fail, impacting on the safety and quality of services that we are able to provide. Over £400m backlog of maintenance work needed to make our buildings fit for purpose
- Lack of a system EPR (electronic patient record), combined with organisational boundaries makes joint working difficult and causes patients to repeat their story multiple times.

**Unsustainable workforce model**

- Vacancy and sickness rates are high, morale is low, and staff are exhausted. Services are reliant on Locally Employed Doctors, clinicians acting down and locums, which is not sustainable
- Jobs are not attractive due to the rotas and providers are all competing for the same pool of staff when recruiting. Networking across acutes might make careers more attractive, with more opportunities.

**Devon is a financially challenged system**

- For 2024/25 the Devon system financial plan has a forecast deficit of £85.4m. For the 24/5 Plan.



## Our vision for acute services

The Board of all five acute hospitals in the Peninsula have developed this shared vision for acute services in the Peninsula:

*To work together to deliver high quality, safe, sustainable and affordable hospital services as locally as possible.*

## What will our vision mean for everyone

### For patients and families

- More timely access to the right specialist teams
- Reduced waiting lists, with fewer procedures and operations cancelled, including at short notice
- Faster ambulance response times because they will spend less time waiting outside hospitals
- People spending less time in hospital, because of closer working with community teams
- Improved equity of access, so that where people live or who they are is never a barrier to them accessing the services they need
- Services that are more joined up, so people don't have to tell their story multiple time.
- Closer working between acute and community teams so people spend less time in hospital and receive care as close to home as possible

### For staff

- Improved systems and processes to help teams to provide consistently high-quality care
- A range of different staffing models across our hospital sites, tailored to the service and its needs
- Investment in digital technology to support the delivery of modern healthcare
- Colleagues will be supported to have a healthy work life balance

### For acute hospital services

- 24/7 urgent and/or emergency care will remain at the five acute hospitals
- Services able to adapt to meet changing population needs
- Organisations working together more effectively to provide a joined-up health and care service,
- New and innovative ways of organising care in line with best practice standards
- Better use technology to provide better experiences and more convenient and efficient care
- Development of rapid assessment, diagnosis and treatment for patients (who would otherwise require a hospital stay) so they can go home the same day if clinically safe to do so – this is better for patients and also helps to free up inpatient beds for those who are more acutely unwell

## 4. Our early thinking on further involving people in developing our case for change

We plan to launch a period of involvement with the people across Devon, Cornwall and the Isles of Scilly, in the autumn, so that we can further develop our case for change.

Through the involvement, we hope to learn:

- Whether there are any other challenges people experience that we have not covered?
- How challenges impact local people
- What 'good access to care' feels like for patients
- Whether people have any ideas or thoughts on how we could tackle some of our challenges?

We plan to use a variety of involvement methods to ensure we hear from everyone, and so that everyone who wants to, has the opportunity to tell us what they think. The list below are some of our approaches, but is not exhaustive

- Survey (under pinning the involvement)
- Focus groups
- Attendance at meetings
- Market stall type events
- Targeted outreach with people who experience health inequalities

## 5. Our from Members

As elected representatives of local people, the views and the committee and its Members are invaluable to helping us shape the second phase of this programme. We would therefore welcome your feedback on the below elements of this paper:

### The Challenges

- Do you recognise the challenges?
- Is there anything we have missed?
- What would your constituents be saying their challenges are?

### The Approach

- Is there anything else we should be asking local people about our case for change and challenges?
- What is important to consider when making the information we use as accessible as possible for everyone to understand?
- Are there other methods we could use to ensure as many people as possible are able to have their say?
- Are there any groups who we might have inadvertently excluded using the approach outlined?

## Appendices

### Appendix 1: Key messages from paediatric, medical and surgical assessment workshops

#### Paediatric assessment

- Many services are fragile, patient experience is worsening, and staff are at risk of burnout
- We need to be brave, realistic, and honest and about the need for changes, recognising that these conversations won't always be easy
- Solutions must be clinically-driven, data-driven, affordable, and deliverable
- We need to break down organisational silos and create an environment that makes it easier to work together.
- We agreed that the level of demand for acute paediatric services is increasing. We need to explore how we can manage the demand differently, recognising the impact the increased demand is having on clinicians in terms of extra workload.
- We discussed how we can support parents and families to be confident to self care and be able to make the right choices when accessing care with the support of effective navigation.
- We recognised that parents want rapid access to expertise.
- We felt that we needed to support clinicians working with children and young people in the community to increase their confidence, skills and knowledge.
- We acknowledged that there was a role for digital in providing support to both clinicians and families whilst remembering that some people do not have access to technology
- We agreed that any emerging models of care needed to make the distinction between meeting urgent need and providing routine care.
- We noted that lots of families do not have access to their own transportation and public transport is poor, so we need to consider this in the planning for services. Otherwise, there will be an adverse impact on deprived communities.
- We recognised that they were opportunities for individuals to develop and increase their scope of practice and to improve the working lives of staff, recruitment and retention
- Do have opportunity to consolidate resource and rotas - consolidation gives more resilience.
- We outlined the risks of any potential scenarios particularly in relation to travel (staff and patients), managing demand, lack of alternative provision and capacity.

#### Medical Assessment

- Many services are fragile and face challenges with recruitment and retention
- We need to be brave, realistic, and honest and about the need for radical changes, recognising that these conversations won't always be easy and that maintaining trust and confidence is key



- We should focus on sharing resources, streamlining processes and working virtual wherever possible, we need to establish the right infrastructure around medical assessment with the same core offer.
- Improve patient care and access by treating people in the right place for their needs, which might not necessarily be their nearest hospital and could be provided by other services in the community
- We have a substantial cohort of frail patients with multiple needs who need a rounded assessment and plan in order to avoid the ED “revolving door”. We have an opportunity to develop a Peninsula approach.
- Create a service that people want to work in by rethinking roles, skills, and careers to entice new people and retain existing staff
- We need to develop a consistent and compassionate approach to addressing end-of-life care and give our workforce the skills & tools to manage this.
- Technology (including electronic patient records) has the potential to improve care, avoid duplication, and support people closer to home
- We agreed that we need to have a collective approach to managing risk with patients and their families.
- Break down organisational silos to make it easier to work together e.g. with standardised approaches, models and core competences, working as a system gives the opportunity to standardise pathways and break down silos
- Virtual Wards can result in a reduction in readmission. They need to be consistent across the Peninsula and supported by a single EPR.
- We need a more integrated approach towards psychological support for people with functional illness.
- We need to design a multidisciplinary workforce with the right skills and competencies with a focus on recruitment, retention and training to attractive roles with clear career paths
- The time spent managing the ‘back door’/discharge and supporting patients who are fit to go home is impacting on our ability to manage patients coming into ED and assessment units.
- Travel is significant for patients, families and staff, we will need to make sure that we mitigate the risk of increasing health inequalities if people have to travel further for care
- Diagnostics and Triage are fundamental for all sites

## Surgical Assessment

- A number of services are fragile, and several are in need of mutual aid – we need to address this
- Waiting lists are increasing for elective surgery and we have not addressed the backlog from pandemic
- Also need to consider the amount of activity we are purchasing from the independent sector
- Patient and staff experience is in decline.
- Too much surgical resource is allocated to out of hospital hours care where there are low volumes requiring surgery, compared to in-hours need with high volumes
- Referral to treatment times (RTT) are variable across different Trusts with some Trusts having pressures in areas where other do not. We need to look at the surgical capacity of the Peninsula as a whole to match demand against supply of surgical capacity
- Full implementation of GIRFT will not be enough to meet increasing demand: it’s more than population growth but about meeting the needs of a larger aging population with multiple co-morbidities

- Recruitment and retention are a challenge in some areas but on the whole acute general surgery workforce is not an issue
- Barriers need to be broken down to work more collaboratively as a system. Each organisation uses its skill mix differently – we need to understand what drives variation in our staffing models
- We should consider having a consistent approach to training across the region and more flexible training for some roles
- We need to improve flow: from diagnostics, through to discharge and social care
- We need to review how services can be organised – centralisation, networking, hub and spoke and the implications for other services of each model
- Reducing waste and inefficiencies is where some real gains could be made – for example improving our ability to see and treat (reducing revolving door patients), managing the worried well in the right place, having diagnostics at the front door (in ED)
- We need a single electronic system to support joined-up working
- Access to beds is the primary issue for general surgery – because we cannot discharge people and because medical patients are in surgical beds.
- We also need to ensure equitable access for all patients across the Peninsula
- There are good models for ambulatory general surgery

## **Appendix 2: Feedback from patient and carer involvement about paediatric, medical and surgical services**

### **Paediatric services**

Feedback was received from 37 patients and their families in paediatric settings. The focus was placed on their experiences of accessing urgent care for their child.

- 65% of experiences were reported as positive with the most common reasons being because of the staff treating their child, the quality and consistency of care and attention provided and timeliness in terms of moving through the hospital system.
- Experiences could have been improved by better communication to support continuity of care, more personalised care, reduced waiting times for assessment and medication, and better staffing levels.
- The responses revealed that the most important factor for families is good communication - (1) between the staff and the family, (2) between staff delivering the care and (3) between two or more services, (where care is being managed by more than one).
- Communication factors that parents felt were most important were:
  - Being involved in the treatment and care
  - Being kept informed
  - Being listened to
- Communication, quality of care and timely access to services were most important to parents when accessing children's hospital services with parents wanting to feel informed, heard and involved.

### **Medical assessment**

10 members of the public took part in three focus groups which allowed for direct discussions focused on what went well, what could have been better and what mattered most to them when accessing services.

- Experiences were overall positive, participants had high praise for NHS staff in the main and there was much recognition that some go above and beyond in their delivery of care.
- There was recognition across the groups for the caring staff working in the NHS. However, there was also a sense from what people had observed that some staff did not feel confident or that tasks were not within their remit, and that staff need to feel empowered to make choices to ensure patients are well cared for.
- It was also evident from the discussions that there is a level of variability in staff and the quality of care provided across the NHS, but there were several comments from participants pertaining to the whole service being underfunded and staff being overworked and the impact this had on waiting times
- People felt that their experiences could have been improved by better access for people with physical disabilities, better communication and easier navigation of a complex system (including 111 and 999 call handling)
- Being treated with dignity and respect was most important to people – to be listened to and heard.
- Personalised care, recognising and meeting the individual needs of patients, was also important along with the need for this information to be communicated between staff.
- People wanted services to be more joined up and services to share information to improve continuity for the patient.
- People also said that waiting times and being seen quickly and having easy access to services were important.

## Surgical services

- People on waiting lists were invited to focus groups to find out how elective care waiting lists have impacted patients and how people would like these waiting lists to be addressed.
- Eight virtual focus groups were held between March 2022 and April 2022 with a total of 39 patients attending.
- Focus groups were facilitated and the report produced by Healthwatch Devon, Plymouth and Torbay
- Key Findings – a snapshot:
  - Waiting for elective treatment has a significant impact on participants' physical and mental health. Worsening pain and discomfort has a knock-on effect on sleep, ability to work or provide care, and quality of life. The uncertainty caused by cancelled appointments causes stress and anxiety. Participants felt that better communication about waiting times was needed and would reduce anxiety and uncertainty.
  - Participants were overwhelmingly in favour of addressing waiting times as quickly as possible wherever possible, rather than waiting for a Devon-wide solution.
  - Participants saw the benefits of moving elective care to a dedicated facility shared between Trusts, however, there were concerns about patients being required to travel longer distances, and the length of time it may take this solution to be enacted. Participants agreed that a combined approach would be beneficial to suit the needs of different areas, e.g. urban vs rural, and the needs of patients who may require more complex treatment.
  - When deciding where to have treatment, the three most important considerations for participants were the speed at which they could be seen, who would be providing their treatment, and distance from home.

## Survey and Social Media feedback

Feedback from 240 NHS survey responses and 39 comments on social media

- The survey consisted of three questions. The questions asked were open-ended and the findings are summarised themes and trends identified from the responses.
- More than half of the responses to the survey mention waiting times – largely in a negative way. There were lots of comments about being in ambulance queues outside hospitals or in the ED waiting room for hours with many of these mentioning a lack of effective communication.
- There were however many positive comments about staff attitude and capability, particularly ambulance staff.
- There were comments from people who felt the environment was cramped and unhygienic in ED waiting rooms and a few comments about food
- The consensus from respondents seems to be that once people were seen the care was good – but the waiting times are not good at all, with a few respondents suggesting they thought this led to them getting more unwell.
- Many respondents see the primary challenge for the NHS as a systems failure, mentioning issues such as bed blocking, underfunding by Government, and problematic social care structures resulting in discharge delays. People also highlight the lack of GP appointments and the impact of people misusing the system.
- The majority of respondents, when asked about the impact of the challenges faced by the NHS, highlighted the emotional impact of using urgent NHS hospital services and a lack of faith/trust in the system after their visit. Lots of respondents cited issues with waiting times both before and during their visit.
- The general feeling of social media comments was much more positive than negative with many people reporting good urgent care experiences – particularly with staff and treatment – however, some did cite having issues with waiting times.

**Meeting:** Adult Social Care and Health Overview and Scrutiny Sub-Board **Date:** 8 August 2024

**Wards affected:** All wards

**Report Title:** Draft Homelessness and Rough Sleeping Strategy (pre public consultation)

**When does the decision need to be implemented?** 8 August 2024

**Cabinet Member Contact Details:** Cllr Hayley Tranter

**Director Contact Details:** Joanna Williams, Director of Adults and Communities

## 1. Purpose of Report

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- 1.1 To consider and seek feedback on the draft Homelessness and Rough Sleeping Strategy which is out for consultation between 4 July to 30 August 2024.

## 2. Reason for Proposal and its benefits

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- 2.1 The Homelessness Act 2002 requires local housing authorities to take strategic responsibility for tackling and preventing homelessness and consider the statutory guidance on homelessness strategies.
- 2.2 The Strategy is a legal requirement for the Council and is required to publish a strategy informed by a homeless review of its area, at least every 5 years.
- 2.3 The Strategy will better inform our communities, stakeholders and members about what the Council and its partners are doing about local homelessness priorities and issues.
- 2.4 The associated action plan, developed following the public consultation on the Strategy, will give stakeholders and members a clear annual delivery plan on which performance can be monitored on a quarterly basis.
- 2.5 The proposals in this report help us to deliver our vision of a healthy, happy and prosperous Torbay through cross-organisational, collaborative working. It provides the structure against which the Council can develop other, more specific policies affecting its homelessness function.

### 3. Recommendation(s) / Proposed Decision

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1. That the Adult Social Care and Health Overview and Scrutiny Sub-Board consider the draft Torbay Homelessness and Rough Sleeping Strategy 2024-2030, as set out in Appendix 1, as part of the consultation process and provide feedback to Cabinet for consideration.

Appendices

**Appendix 1:** Draft Homelessness and Rough Sleeping Strategy 2024 - 2030

#### **Background Documents**

Draft Homelessness and Rough Sleeping Strategy 2024 – 2030

Draft Homelessness and Rough Sleeping Strategy – Executive Summary 2024 - 2030

Homelessness and Rough Sleeping Strategy Evidence Base 2024

# Supporting Information

## 1. Introduction

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- 1.1 The Homelessness and Rough Sleeping Strategy is the over-arching strategic document focusing on the activities to address homeless in Torbay. It sits within the Council's policy framework and provides the context for other plans policies and strategies, such as the Housing Strategy and the Domestic Abuse and Sexual Violence Strategy.
- 1.2 The report will replace the existing Homeless and Rough Sleeping Strategy 2020-2025. Since the development of the current Strategy, produced before the pandemic, there have been significant changes within the landscape of housing and homelessness. As such the document reflects the current needs within Torbay and housing market.
- 1.3 An evidence review was undertaken to support the development of the strategy and is contained within a sperate document. This allows the strategy to be more focused and succinct.

## 2. Options under consideration

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- 2.1 Consider the draft Homelessness and Rough Sleeping Strategy during public consultation.

## 3. Financial Opportunities and Implications

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- 3.1 There are no significant financial implications. Any financial commitments would be subject to further approval.

## 4. Legal Implications

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- 4.1 The document is a legal requirement with the current strategy due to be renewed in early 2025.

## 5. Engagement and Consultation

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- 5.1 The draft strategy has been developed in partnership with other interested parties and organisations though a series of workshops and discussions. These have been themed around youth homelessness, rough sleeping, and general homelessness, to enable focused conversations.
- 5.2 The workshops have included representatives from the voluntary sector, statutory organisation and other organisations with 67 people attending. Conversations have also taken place with customers and pulled upon other engagement work that has been undertaken.

- 5.3 Following the sessions a proposed list of priorities and values were consulted upon to obtain further feedback.
- 5.4 Elected members were invited to all workshops and a dedicated session undertaken addressing all forms of homeless, to seek input into the development of the strategy.

## 6. Procurement Implications

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- 6.1 It is not anticipated that the Homelessness and Rough Sleeping Strategy itself will require the purchasing or hiring of goods and/or services. Should the Council wish to hire goods, or services to facilitate its strategic objectives, then more specific reports detailing this will be presented.

## 7. Protecting our naturally inspiring Bay and tackling Climate Change

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- 7.1 There are no significant climate change implications. Any climate change implications would be subject to review as part of the development of the associated action plan. Any resulting considerations are likely to result from the provision of accommodation.

## 8. Associated Risks

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- 8.1 Homelessness is a priority for Torbay Council and as such the strategy provides the framework for further development and coordination to achieve its ambitions.
- 8.2 The document is a legal requirement with the current strategy due to be renewed in early 2025.
- 8.3 The proposed timeframe for consultation between 4 July to 30 August 2024, this enables the final document to be presented to Full Council in December 2024. This will enable the review to be concluded within the 5 year timeframe.



## 9. Equality Impact Assessment (DRAFT)

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	<p>18 per cent of Torbay residents are under 18 years old.</p> <p>55 per cent of Torbay residents are aged between 18 to 64 years old.</p> <p>27 per cent of Torbay residents are aged 65 and older.</p>	<p>The Homelessness and Rough Sleeping Strategy recognises that people tend to experience increased fragility as they age, and that safe secure accommodation is vital to ensure wellbeing.</p> <p>Age can also impact on the extent of life skills to maintain a tenancy and differential impact of Housing Benefit on affordability.</p>	<p>Equality implications will be continuously reviewed through the delivery of the strategy. Specific actions have been considered addressing youth homelessness.</p>	<p>To be confirmed in the development of the associated action plan.</p>
Carers	<p>At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.</p>	<p>The Homelessness and Rough Sleeping Strategy recognises that people with caring responsibilities are more likely to <b>(add more text)</b></p> <p>It also recognises that good quality and safe accommodation is vital to ensure wellbeing for people who are already facing additional pressures.</p>	<p>Equality implications will be continuously reviewed through the delivery of the strategy. Specific actions have been considered addressing homelessness experienced by care experienced young people.</p>	<p>To be confirmed in the development of the associated action plan.</p>

Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	The Homelessness and Rough Sleeping Strategy recognises that people with disabilities and in particular learning disabilities face increased vulnerabilities when compared to the wider population. Safe secure, accessible accommodation is vital to ensure wellbeing when alleviating homelessness.	Equality implications will be continuously reviewed through the delivery of the strategy. Accessibility temporary accommodation for those with mobility issues will be included with the strategy.	To be confirmed in the development of the associated action plan.
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	The Homelessness and Rough Sleeping Strategy recognises that trans people are more likely to experience rough sleeping and homelessness. <b>TBC</b>	Services will work in a person centred and trauma informed manner to ensure that individual needs are met	Not applicable.
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	There is no differential impact anticipated.	Not applicable.	Not applicable.
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	Pregnant women at risk of or experiencing homelessness that are not in appropriate or settled accommodation are more adversely affected. <b>TBC</b>	Services will work in a person centred and trauma informed manner to ensure that individual needs are met	To be confirmed in the development of the associated action plan.

Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	The Homelessness and Rough Sleeping Strategy recognises that people who are from black, Asian or minority ethnic backgrounds are more likely to experience financial hardship. <b>TBC</b>	Services will work in a person centred and trauma informed manner to ensure that individual needs are met	Not applicable.
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	There is no differential impact anticipated.	Not applicable.	Not applicable.
Sex	51.3% of Torbay's population are female and 48.7% are male	The Homelessness and Rough Sleeping Strategy recognises that families and households headed by females are more likely to experience financial hardship and be on lower income and thus, experience homelessness. Single females experiencing rough sleeping are also more vulnerable to wider exploitation.	Services will work in a person centred and trauma informed manner to ensure that individual needs are met.	To be confirmed in the development of the associated action plan.
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	There is no differential impact.	Not applicable	Not applicable
Veterans	In 2021, 3.8% of residents in England reported that they had previously served in the	Veterans are recognised specifically within the Housing Act.	Services will work in a person centred and trauma informed manner	To be confirmed in the

	UK armed forces. In Torbay, 5.9 per cent of the population have previously serviced in the UK armed forces.		to ensure that individual needs are met.	development of the associated action plan.
<b>Additional considerations</b>				
Socio-economic impacts (Including impacts on child poverty and deprivation)		The Homelessness and Rough Sleeping Strategy recognises that socioeconomic factors are a key determinant in shaping an individual's housing situation.	The Homelessness and Rough Sleeping Strategy recognises that socioeconomic factors are a key determinant in shaping an individual's housing situation.	To be confirmed in the development of the associated action plan.
Public Health impacts (Including impacts on the general health of the population of Torbay)		The correlation between poor quality housing and health are well documented. A review of the evidence shows that Torbay has a higher than national average support for associated mental health assistance.	Services will work in a person centred and trauma informed manner to ensure that individual needs are met.	To be confirmed in the development of the associated action plan.
Human Rights impacts		The Council recognises that good quality housing and accommodation is vital to upholding human rights.	<b>TBC</b>	To be confirmed in the development of the associated action plan.
Child Friendly	Torbay Council is a Child Friendly Council and all staff and Councillors are Corporate Parents and have a	<b>Add content around children's services and care experienced individuals</b>	<b>TBC</b>	To be confirmed in the development

	responsibility towards cared for and care experienced children and young people.			of the associated action plan.
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## 10. Cumulative Council Impact

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10.1 None at present.

## 11. Cumulative Community Impacts

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11.1 None at present.

# DRAFT Homelessness & Rough Sleeping Strategy

2024-2030

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## Section 1: Key Facts

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Infographic to be produced with key facts.

1. On average there are 140 households in temporary accommodation at any one time. (55% singles, 40% families)
2. 1143 households were assessed as being homeless.
3. On average, 19% of households needing homeless assistance required temporary accommodation. This dropped by 11% last year.
4. More than 1 in 4 (27%) households privately rent, significantly higher than England (20%) – remove if not enough room.
5. There is a trend of increasing homelessness from private rented accommodation. This is the top reason for loss of last settled home and accounts for 57% of people. That nearly twice the national average.
6. An average of 293 children each year in temporary accommodation, staying for approximately 22 weeks, 72% of whom are primary school age and 28% secondary school age.
7. A 'history of mental health problems', was the 'support need' for 47 % of those owed a duty. This is almost double that of England (25%) and above that of the South West (33%)
8. There approximately 30 rough sleepers in Torbay at any one time.

To develop and inform this strategy, a review has been undertaken of local, regional and national homeless statistics. It provides an update on the local picture, highlighting emerging issues, trends and potential solutions, to support understanding and resolution of Torbay's homeless and rough sleeping challenges.

## Section 2: Introduction

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Everyone deserves good quality, safe and secure housing, though more people experience homelessness and rough sleeping in Torbay than we want. Tackling homelessness and rough sleeping is a key priority for Torbay Council.

The landscape of homelessness is evolving, quickly shaped by micro and macro factors. We are already witnessing the pressures on our services and the local housing market from the cumulative impacts of austerity, welfare reform, cost-of-living increases, and the national housing crisis. Today more than ever, homelessness can affect anyone at any time.

While most people affected by homelessness will have support networks in place that can build their resilience during times of need, some do not. We know that potentially facing homelessness is one of the most stressful situations for individuals and families to deal with. We want to ensure that we are equipped to support people in the best way we can.

This strategy therefore focuses upon preventing and relieving homelessness and ensuring integration and sets out areas where we want to do things differently. This new strategy complements our existing Housing Strategy which aims to deliver our strategic housing priorities. It sits alongside other strategies such as our Domestic Abuse and Sexual Violence Strategy and Drug and Alcohol Strategy, to name but two, which aim to ensure that people receive the support that they need at an appropriate time.

All of these strategic documents seek to ensure that the Council meets its ambitions set out in its Corporate Plan to support its most vulnerable residents including care experienced young people.

## Section 3: National and Local Strategic Context

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Our work is guided by the Homeless Reduction Act 2017, which amended part 7 of the Housing Act 1996 and is the main piece of legislation which applies to our work in this area. This amended and introduced a number of new duties:

- Extension of the duty to a household 'threatened with homelessness' from 28 to 56 days.
- To prevent homelessness for all eligible applicants threatened with homelessness regardless of priority need.
- To relieve homelessness for all eligible homeless applicants, regardless of priority need.
- Requiring households to agree a Personal Housing Plan.
- 'Duty to Refer' – public services need to notify the Council if they come into contact with someone, they think maybe homeless or at risk of becoming homeless.

In 2018, the government also published the Rough Sleeping Strategy which set out the government's plan to reduce rough sleeping. There are a number of other national policy documents and measures that impact on homelessness and rough sleeping. The enactment of the Welfare Reform Act 2012 has had unintended consequences impacting on homelessness levels. Difficulties in accessing money being one reason for increased numbers using food banks and the freezing of Local Housing Allowance rates in 2020 further exasperating affordability.

Building upon this, we understand that taking a holistic approach at a local level is key to tackling homelessness and rough sleeping. This is moment in time opportunity to ensure that our

commitment to reducing homelessness is visible and is embedded within our other local strategies and plans. This will ensure that 'prevention' and 'early support' are prioritised wherever possible with the aim of averting 'crisis' in most cases.

## Section 4: Vision

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It is a legal requirement for the Council to publish a strategy every 5 years as a minimum, having completed a review into current and future homelessness. Torbay's Homelessness and Rough Sleeping Strategy 2024 – 2029 has been co-produced to set out our vision:

### The strategy aims to make:

- **Homelessness a rare occurrence:** increasing prevention and earlier intervention at a community level.
- **Homelessness as brief as possible:** improving temporary and supported accommodation, so it becomes a positive experience.
- **Experience of homelessness unrepeated:** increasing access to settled homes and the right support at the right time.

**Everyone has a role to play in working towards making homelessness in Torbay rare, brief and unrepeated. It is time for a new approach to homelessness, one that is proactive, not reactive.**

The strategy will be supported by a detailed action plan for the Council and wider Torbay Homelessness Partnership which will be convened, to deliver.

## Section 5: Strategic Priorities and Principles

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Three main priorities are identified in this strategy and developed through the engagement work undertaken in its development. They also reflect the priorities at a governmental and legislative level and are relevant to all homeless households. Access to services has also been identified as a golden thread, running throughout the three principles.

### Priorities

#### 1. Increasing early help and prevention

Supporting people at risk of becoming homeless and/or ensuring people at risk of homelessness can stay in their existing home or make a planned move to alternative accommodation.

#### 2. Intervention

When people fall into crisis, we will act swiftly to give them targeted support to get them into accommodation or off the streets.

### 3. Better outcomes, better lives

A home is not the end, but the start of the journey, we will support people to live independently and lead meaningful quality lives to create a home.

These priorities closely relate to Torbay's wider approach to equality ensuring an environment where all individuals, regardless of need, want or aspiration, have an equal chance of realising their full potential.

#### Principles

Through the development of this strategy and engagement work undertaken it was considered that a set of core and shared values be used to underpin the strategy and its delivery.

These priorities support Torbay's commitment to placing relational working and inclusion at the centre of everything we do. We are committed to meeting our Public Sector Equality Duty and to delivering accessible services that meet the needs of our community. We will ensure that services are accessible for all by ensuring we can see people in person, removing the barriers created by digitalisation. We want everyone to live with dignity and have the opportunity to reach their full potential. We know that safe and secure, good quality accommodation is central to achieving this.

We expect our staff and partners to work together in a way which supports our principles, and which is tailored to the individual and their specific needs. We value the knowledge and experience that our partners bring. Where an issue arises, we will work with our partners to address this in a timely and efficient manner.

The shared values we will work to are:

#### 1. Person Centred

We will empower people to make decisions and choices about their lives, creating a culture of continuous improvement by delivering quality services and recognising the potential of an individual by growing knowledge, self-belief, and responsibility.

#### 2. Working Together

We will work collaboratively with our partners and within the community to ensure that services are informed by the voices of those with lived experience, delivering services collectively that meet people's needs.

#### 3. Delivery of quality services

We will work in a relational way to transcend traditional patterns, rules, and relationships to create something new and valuable to meet people's needs. We recognise that systems are complex and that everyone's homelessness journey is different and that we must work in a trauma informed manner.

## Section 6: What have we delivered so far

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A person is homeless if they have nowhere to stay and are living on the streets, but you can also be homeless even if you have a roof over your head. People experiencing the most acute forms of homelessness will include those sleeping rough, sofa surfing or living in hostels, night shelters or unsuitable temporary accommodation. Those in insecure or poor housing at risk of homelessness will include those with notice to quit who cannot afford to rent anywhere else, those in suitable but temporary accommodation and those about to be discharged from prison or hospital with nowhere to live permanently.

Work is ongoing to address homelessness and rough sleeping in Torbay. The following section provides some examples of the activities that have been delivered by working with our partners, homeless households and individuals. We have:

- **Increased temporary accommodation provision for families through £10m investment** by purchasing and leasing suitable accommodation. This has helped to provide consistent good quality temporary accommodation within Torbay, ensuring that support networks and relationships are protected and eliminating the use of B&B accommodation in all but exceptional circumstances.
- **Put in place joint working arrangements with Children's Services** to ensure that families entering temporary accommodation are supported by Early Help colleagues to help them recover from homelessness and sustain future accommodation.
- **Established a youth homelessness protocol** and a prevention panel to ensure collaborative working to support care experienced and young people who are at risk of homelessness. B&B usage has been eliminated for 16/17 year olds and significantly reduced for all young people.
- **Developed the Growth in Action Alliance** comprising of domestic abuse, drug and alcohol services and the homeless hostel. Shared responsibility across the alliance for delivery of services, providing a 'one front door' approach is helping to alleviate repetition and enable the timely sharing of information to facilitate the right support at the right time.
- **Insourced the Homeless Hostel** which has provided the foundation to transform and develop our single persons provision, average length of stay reduced from an average of over 500 days to 170 days within the first 12 months. The aim is to reduce this to three months by further developing our pathway to increase move on opportunities.
- **Establishing the Rough Sleeper Initiative** which provides outreach support to rough sleepers to enable offers of accommodation, support and tenancy sustainment.

- **Single Homeless Accommodation Programme (SHAP)** partnering with the YMCA to secure funding to deliver 36 units of supported accommodation for homeless care experienced and young people aged 18-25, a provision which will be able to provide tailored, flexible support based on individual needs.
- **Stabilised our workforce** which has ensured consistency for homeless households. This has been achieved by establishing a training and development scheme to attract the right candidates, investment in training and support for the team. This has eliminated the use of costly and inefficient reliance on temporary agency staff and ensured a positive workplace.
- **Increased performance management** which has created a culture of timely decision making, proactive prevention and relief work and resettlement from temporary accommodation.
- **Implemented specialist roles** across the housing team in response to identified trends and needs such as domestic abuse, young people, care experienced and families. Key relationships have been built with professionals by offering a dedicated point of contact with someone who specialises in the area.

## Section 7: Priority One - Increasing Early Help and Prevention

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### ***Priority One - Increasing early help and prevention.***

*Supporting people at risk of becoming homeless and/or ensuring people at risk of homelessness can stay in their existing home or make a planned move to alternative accommodation.*

Early help and prevention reduces the likelihood of someone becoming at risk of or experiencing homelessness, requiring a lesser intervention than if circumstances escalate and reach crisis point. This means supporting people in a range of circumstances before they might be considered at risk of homelessness.

We know there is more we can do to support our residents and stop them from reaching this point.

#### **Our objectives are:**

##### **1. To provide the right advice at the right time**

We will:

- **Continue to transform Prevention and Engagement services so that they are accessible when and where people need them** – this might include more outreach, digital transformation, different opening hours, flexible and face to face appointments for example.
- **Strengthen our partnership** commitment to joint working on homelessness prevention.

- **Developing a universal training program accessible for all that may encounter people that are at risk of homelessness** to improve knowledge and understanding to help prevent homelessness at any opportunity.
- **Put information sharing agreements and consent forms in place** so that anyone approaching services (with their permission) need only tell their story once.
- **Deliver timely, accurate and accessible housing advice and guidance**, including through assisted self-service models, to help people make planned moves when they need and before they reach crisis - this will include working with people that are 'pre 56 days' in terms of Homelessness Reduction Act criteria.
- **Giving advice about housing in the community** in our family hub, where a range of services for families are located.

**2. Targeted prevention to reach people whose homelessness is hidden from services and to prevent and reduce repeat homelessness, rough sleeping and youth homelessness.**

We will:

- **Develop a strategic plan for integrating housing and mental health practices** in Torbay.
- **Deliver a range of solutions** so that no one in Torbay needs to sleep rough.
- **Ensure people are not discharged from prison or hospital directly onto the street** through joint working protocols and that appropriate accommodation is offered by the right agency.
- **Design homelessness out of young people lives** by working with Early Help services upstream with families and young people at high risk of homelessness and through designing planned housing pathways based on partnership collaboration and integrated working with our partners.
- **Ensure there are integrated working practices across Housing and Children's Services** to achieve better outcomes for families.
- **Engage with young people through the most appropriate setting** to raise awareness of housing, the challenges, and solutions.

**3. Reduce homelessness from private rented accommodation.**

We will:

- **Continue to develop our 'Duty to Refer' model** to ensure that all partners can make timely referrals where there may be a risk of homelessness.
- **Develop our relationship with landlords** to improve communication and access to information to ensure early intervention if tenancies begin to fail.
- **Work with private landlords to increase standards**, reduce evictions, and make Torbay's private rented sector, the 'sector of choice.'
- **Develop an upstream approach to income maximisation** to reduce the risk of homelessness occurring in the first place.

## Section 8: Priority - Two Intervention

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### **Priority Two - Intervention**

*When people fall into crisis, we will act swiftly to give them targeted support to get them into accommodation or off the streets.*

When people become homeless, we need the right type of accommodation and support in place as part of a system wider approach to provide timely interventions. This requires strong and different partnerships and ability to adapt.

Our objectives are:

#### **1. Providing somewhere safe to stay**

We will:

- **Develop a range of accommodation options** so that no one needs to sleep rough.
- **Develop a pathway of accommodation** with a variety of support ensuring an offer for those with multiple and complex needs that does not rely on the Hostel. Therefore, providing alternatives.
- **Develop an approach that focus on prevention of homeless for young people** who are or may be homeless in partnership with Children's Services and our combined youth housing providers.
- **Collaboratively develop a Supported Housing Strategy** to enable the commissioning of supported accommodation that is tolerant, understands and addresses complex needs, and which applies a psychologically and trauma informed environment so that we can support people and address the cause of homelessness.
- **Provide additional accommodation space to meet changes in demand** and have the ability to rapidly provide additional spaces to meet short term peaks in demand e.g. Severe weather.
- **Strengthen and develop wider partnerships** with existing and new providers to maximise opportunities to develop and provide services in Torbay.

#### **2. To provide targeted support**

We will:

- **Carry out targeted rough sleeping outreach** work in the community that also seeks to understand why certain groups are overrepresented in homelessness.
- **Provide a tenancy sustainment service** to support people recovering from homelessness.
- **As Corporate Parents ensure that there are planned pathways and appropriate information and support** to meet the needs of care experienced young people.

#### **3. We will maintain a commitment within the authority area to**

We will:

- **Never place any young person aged 16 or 17 in B&B except in an emergency** by ensuring there is sufficient accommodation for this age group.



- **Never place a family in B&B except in an emergency.** If we do it will be for no longer than 6 weeks.
- **Ensure that there is an appropriate awareness of care leavers** circumstances to reduce the risk of them experiencing homelessness.
- **Explore relevant opportunities to attract and maximise funding and investment** to improve and deliver services or support.

## Section 9: Priority Three – Achieving Better Outcomes, Better Lives

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### *Priority Three – Achieving Better Outcomes, Better Lives*

*A property is not the end, but the start of the journey, we will support people to live independently and lead meaningful quality lives to create a home.*

Ensuring we address structural and systemic inequalities might require us to take steps to remove the barriers that some of our residents encounter. We aim to create services that are equitable in their approach where people at risk of or experiencing homelessness have the best chance of better life outcomes.

Our objectives are:

#### **1. Supporting people with complex lives**

We will:

- **Jointly prepare a single multi agency plan** for complex individuals and expand our work through the Housing and Vulnerability Forum.
- **Build upon our co-located team approach** and expand this offer.
- **Continue to transform systems** through our Multiple and Complex Needs Alliance (Growth in Action).
- **Ensure there is ongoing flexible and agile support** as and when needed.
- **Develop a strategic plan for Housing and those with Complex Needs** in Torbay.
- **Work collaboratively with our Public Health colleagues** to inform service provision.

#### **2. Building peoples resilience**

We will:

- **Establish local networks to provide support to sustain tenancies** including furniture, access to food banks, help with budgeting, benefits advice and offering employment and skills training so they can increase their income.
- **Develop peer advocacy, employment, volunteering, and training** opportunities to help with integration into the community.

- **Provide practical and ongoing support that will meet the individual needs of households.** This will include engagement with mental health and other services, specialist support to victims of domestic abuse or young people and working with marginalised families.

### 3. Building upon experience to develop and improve services

We will:

- **Be proactive in understanding and responding to current homelessness causes and risk factors** by undertaking research and evaluation with households who have engaged with homelessness services – which will inform continue service improvements and design of future housing provision.
- **Continue to learn from local experience with 16 and 17 year olds and care experienced young people** to transform systems and increase overall effectiveness in preventing homelessness amongst this cohort.
- **Understand the actual cost of homelessness both as an organisation and wider system** to inform and make the case for homelessness services and prevention activities.
- **Work collaboratively to achieve the objectives of the Housing Strategy.**
- **Raise the profile of homelessness** ensuring that it is visible within the Council and embedded in other strategies.
- **Convene a new Torbay Homeless Partnership**, to implement and develop our response to address homelessness in Torbay.

## Section 10: How we will monitor success

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We will drive the Council ambitions and strategy through a dynamic three-year action plan.

- Dynamic by design – flexible and resilient to the changes that occur during the course of the strategy.
- Dynamic in its implementing – capturing activity across Torbay, by Council services and the public and voluntary sectors.

The action plan will be owned by all Torbay Council services, and members of the newly formed Torbay Homelessness Partnership, that will be convened. We expect many actions will involve collaboration between one or more partners from across different sectors.

Performance metric will monitor the success of our strategy and make progress available for Security Board, Strategic Housing Partnership and Senior Leadership Team.

## Section 11: Appendix

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Plan on a page to be inserted following consultation of the strategy.

**This document can be made available in other languages and formats. For more information, please contact [Housing.Advice@Torbay.gov.uk](mailto:Housing.Advice@Torbay.gov.uk)**

DRAFT



# DRAFT Homelessness and Rough Sleeping Strategy - Executive Summary

2024 - 2030

## Introduction

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Everyone deserves good quality, safe and secure housing.

More people experience homelessness and rough sleeping in Torbay than we want. Therefore, tackling homelessness and rough sleeping is a key priority for Torbay Council.

Today more than ever, homelessness can affect anyone at any time.

While most people affected by homelessness will have support networks in place, some do not. We want to support people in the best way we can.

Our Homelessness and Rough Sleeping Strategy focuses upon preventing and relieving homelessness. It sets out areas where we want to do things differently. We have worked with our partners to co-produce the draft Strategy, including the vision and our priorities.

The Strategy complements our Housing Strategy and sits alongside our other strategies, including our Domestic Abuse and Sexual Violence Strategy and Drug and Alcohol Strategy, with the aim that people receive the support that they need at the appropriate time.

## Key facts

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A person is homeless if they have nowhere to stay or are living on the streets. But you can also be homeless if you have a roof over your head. There are people in insecure or poor housing at risk of homelessness. This will include those with notice to quit who cannot afford to rent anywhere else. There will be people in suitable but temporary accommodation. Others will be about to be discharged from prison or hospital with nowhere to live permanently.

People experiencing the most acute forms of homelessness will include those:

- sleeping rough
- sofa surfing, or
- living in hostels, night shelters or unsuitable temporary accommodation.

- On average, within Torbay there are 140 households in temporary accommodation at any one time. There is an average of 293 children housed in temporary accommodation each year, staying for approximately 22 weeks.
- On average, 19% of households needing homeless assistance required temporary accommodation.
- More than 1 in 4 households in Torbay privately rent. There is an increasing trend of homelessness from private rented accommodation.
- There are approximately 30 rough sleepers in Torbay at any one time.

## Vision

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The Strategy aims to make:

- Homelessness a rare occurrence
  - We want to increase prevention and make earlier interventions at a community level.
- Homelessness as brief as possible
  - We want to improve temporary and supported accommodation, so that it becomes a positive experience.
- The experience of homelessness unrepeated
  - We want to increase access to settled homes and provide the right support at the right time.

Everyone has a role to play in working towards making homelessness in Torbay rare, brief and unrepeated. It is time for a new approach to homelessness – one that is proactive, not reactive.

## Strategic Priorities and Principles

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There are three priorities within the draft Strategy. We've developed these through our engagement work. They also reflect Government and legislative requirements.

### Priority 1: Increasing early help and prevention

We will support people at risk of becoming homeless. We will ensure people at risk of homelessness can stay in their existing home or can make a planned move to alternative accommodation.

We will make our prevention and engagement services more accessible. This will include strengthening our joint working. We will develop a universal training programme to improve knowledge and understanding. We will provide housing advice through our Family Hubs and other locations.

We will achieve better outcomes for families and young people through improving working practices across Housing and Children's Services.

We will develop a plan to integrate housing and mental health practices in Torbay.

We will deliver a range of solutions so that no one in Torbay needs to sleep rough. This will include joint working protocols so that people are not discharged from prison or hospital directly onto the street.

We will enable all partners to make timely referrals where there may be a risk of homelessness. We will develop our relationship with landlords to improve communication. We will work with them to increase standards, reduce evictions, and make Torbay's private rented sector the 'sector of choice'.

## **Objectives**

- Provide the right advice at the right time
- Target prevention to
  - reach people whose homelessness is hidden from services, and
  - prevent and reduce repeat homelessness, rough sleeping and youth homelessness
- Reduce homelessness from private rented accommodation

## **Priority 2: Intervention**

When people fall into crisis, we will act swiftly to give them targeted support to get them into accommodation or off the streets.

We will develop a variety of support so that there are alternative offers for those with multiple and complex needs, rather than relying on the hostel. We will carry out targeted rough sleeping outreach work in the community.

We will provide additional accommodation space to meet changes in demand, including having the ability to meet short term peaks in demand. We will provide a Sustained Tenancy Service to support people recovering from homelessness.

We will have planned pathways and appropriate information and support to meet the needs of care experienced young people. We will have sufficient accommodation for 16 and 17 year olds so that we never place them in bed and breakfast accommodation, except in an emergency.

We will aim to never place families in bed and breakfast accommodation. If, in an emergency, we do, it will be for no longer than six weeks.

We will attract and maximise funding and investment to improve and deliver services or support.

## **Objectives**

- Provide somewhere safe to stay
- Provide targeted support

## **Priority 3: Better outcomes, better lives**

A home is not the end, but the start of the journey. We will support people to live independently and lead meaningful quality lives to create a home.

We will continue to transform systems through our Multiple and Complex Needs Alliance. This will include preparing a single multi-agency plan to support individuals with complex needs.

To help sustain tenancies, we will establish local networks to provide support such as:

- access to furniture and food banks
- help with budgeting
- benefits advice, and
- offering employment and skills training.

We will provide practical and ongoing support that meets the individual needs of households. This will include engagement with mental health and other services and specialist support for young people and victims of domestic abuse.

We will be proactive in understanding and responding to current homelessness causes and risk factors. We will learn from local experience, including from with 16 and 17 year olds and care experienced young people, to increase our effectiveness in preventing homelessness.

We will understand the actual cost of homelessness, both as an organisation and wider system. This will inform us in making the case for homelessness services and prevention activities.

## **Objectives**

- Support people with complex lives
- Build people's resilience
- Build upon experience to develop and improve services

## **Our Shared Principles**

- Person Centred
  - We will empower people to make decisions and choices about their lives. We will create a culture of continuous improvement by delivering quality services. We will recognise the potential of an individual by growing knowledge, self-belief, and responsibility.
- Working Together
  - We will work collaboratively with our partners and within the community to ensure that services are informed by the voices of those with lived experience. We will deliver services collectively that meet people's needs.
- Delivery of quality services
  - We will work in a relational way to transcend traditional patterns, rules, and relationships. We will create something new and valuable to meet people's needs. We will recognise that:
    - systems are complex,
    - everyone's homelessness journey is different, and
    - that we must work in a trauma informed manner.



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# Torbay Homelessness and Rough Sleeping Strategy Evidence base

2024

‘Homelessness, it’s more than not having a home’

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# 1 Purpose

## 1.1 introduction

The Homelessness Act (2002) places a duty on English local housing authorities, to formulate a homelessness strategy at least every five years. The legislation requires local housing authorities to take strategic responsibility for tackling and preventing homelessness in their local authority area.

There are two key stages to making a homelessness and rough sleeping strategy. Firstly, a review of homelessness in a local authority to evaluate the current picture, following which, a strategy will be formulated, considering all forms of homelessness.

Legislation specifies five key stages to carrying a homelessness review:

1. Reviewing the current and future likely levels of homelessness
2. Reviewing activities for preventing homelessness
3. Reviewing activities for securing accommodation for people who are homeless or threatened with homelessness
4. Reviewing the support available for people who are homeless or threatened with homelessness, or were previously homeless
5. Reviewing the resources available to tackle homelessness

To develop and inform the new Strategy, Torbay Council has undertaken a review of national, regional and local homelessness and related statistics to provide evidence within this document. It will help shape and inform the Strategy and provide an update on the local picture, highlighting emerging issues, trends and potential solutions, to secure a better understanding and resolution of Torbay's homelessness and rough sleeping issues.

Following the review, Torbay Council will revise its existing 'Homelessness Strategy 2019-24', by developing a new 'Homelessness and Rough Sleeping Strategy 2024 to 2030'. The Homelessness Act (2002) stipulates that a strategy must include objectives for:

1. Preventing homelessness in the area
2. Making sure that accommodation is, or will be, available for people in the area who are, or might be, homeless
3. Providing support for people in the area who are, or may become homeless, or have been homeless and need support to prevent them from becoming homeless again

The Strategy intends to provide the framework for the future long-term, sustainable approach to tackling homelessness and rough sleeping in the area. To provide a benchmark for Torbay, key data is included from four comparator areas to help demonstrate why Torbay is performing in different ways from the national, regional and local trends. Where data allows, we have set out statistics over a number of years, thus demonstrating trends over time. In some instances, the report refers to other, local Devon authorities, as well as local authority groupings by the Chartered Institute of Public Finance and Accountancy (CIPFA), but the majority refer to similar local authorities in the following areas, due to their coastal locations and similar socio-economic challenges.

## 2 Statistical summary

The following key statistics are drawn from each of main chapters:

### 2.1 Current and future likely levels of homelessness

1. There is a high proportion of households (per thousand population) assessed as homeless in Torbay (3.31), compared to the national average (2.00), 2021/22
2. A total of 14,075 calls were received by the Housing Needs Team, that's an average of 1,143 per calendar month. 28% were high priority, 2023
3. A total of 1,194 households were assessed by the Torbay Housing Needs Team. 2022/23.
4. Since 2019, there has been an average of 501 households staying in temporary accommodation each year. This dropped to 416, in 2022/23, with 55.7% singles, 3.6% couples and 40.6% families
5. A total of 1,688 households on the Housing Register, a 7% increase since the same time last year. April 2023
6. The Autumn 2022 annual rough sleeping snapshot found a total of 20 people sleeping rough in Torbay, this is higher than the average of 15 for all English unitary authorities

### 2.2 Preventing homelessness

1. A total of 268 households were owed a homelessness duty: 153 (57%) households were assessed as homeless and 115 as threatened with homelessness. 2023/24 Q1
2. On average, 28% of households needing homeless assistance required temporary accommodation. This dropped to 19% in January 2024
3. On average, 57% of households said the ending their private rented tenancy led to the loss of their home, nearly twice the national average (30%) and above that of the South West (36%), 2022/23
4. An average of 22% single female and 53% single males are owed a homelessness duty. The male figure is higher than that of England (Female 22%, male 49%), 2022/23
5. On average, Torbay recorded 35% of households owed a main duty with dependent children, compared to 55% for England and 47% for the south West

## 2.3 Securing accommodation

1. From 2020 to 2023, there has been a 50% increase in those on the Housing Register, with a 40% reduction of lets into the social rented sector
2. More than 1 in 4 (27%) households privately rent, significantly higher than England (20%)
3. From August 2022 to August 2023 there were only two, four bedroom properties advertised via Devon Home Choice, meaning greater waiting times for families in 'temporary' accommodation
4. Households living in private rented accommodation spend around 35% of their household income on housing costs. This drops to 29% in social homes and 18% for households with a mortgage
5. Local private rental increases are now, on average, £350 above the local housing allowance per calendar month, increasing for larger properties
6. During 2022/23, the duration of stay in B&B has rapidly diminished to 9 weeks for singles, 7 weeks for couples and only 2 weeks for families
7. An average of 293 children each year in temporary accommodation, staying for approximately 22 weeks, 72% of whom are primary school age and 28% secondary school age
8. In 2022/23 there were 28 households in safe accommodation, 3 quarters into 2023/24, that number has doubled to 56, each year 89% are women

## 2.4 Appropriate support

1. A 'history of mental health problems', was the 'support need' for 47 % of those owed a duty. This is almost double that of England (25%) and above that of the South West (33%)
2. A 'physical ill health and disability', was the 'support need' for 32% of those owed a duty. This is twice the national average (16%) and greater than that of the South West (21%)
3. A 'physical ill health and disability' was the 'support need' for 14% of those owed a duty, rising sharply last year to 22%. This is double that of England (11%) and above that of the South West (13%)

Further statistics are available via the data sources in Appendix 2.

# 3 Current and future likely levels of homelessness

This chapter presents an overview of overall levels of homelessness in Torbay by looking at the level of housing need, street sleeping and service users' journeys. It is intended that this will help to better understand the drivers and levels of homelessness within Torbay, so as to assess the necessary resources required to enable our service to better prevent homelessness and improve the support we provide.

Torbay has a duty to secure a home for households under a specific legislative criterion, this is often referred to as the 'main homelessness duty'. However, many people who are not entitled to help with housing, or who do not even approach their councils for help, are not counted in the official statistics. Many stay in hostels, squats, or stay in overcrowded, 'concealed' accommodation, such as the floors, or sofas of friends and/or family.

It has been predicted that the levels of hidden homelessness are 13 times higher than street homelessness, with young people, persons who identify as lesbian, gay, bisexual and/or transgender, and those escaping domestic abuse, being most likely to experience this form of 'hidden' homelessness.

[Source: LG Inform](#)

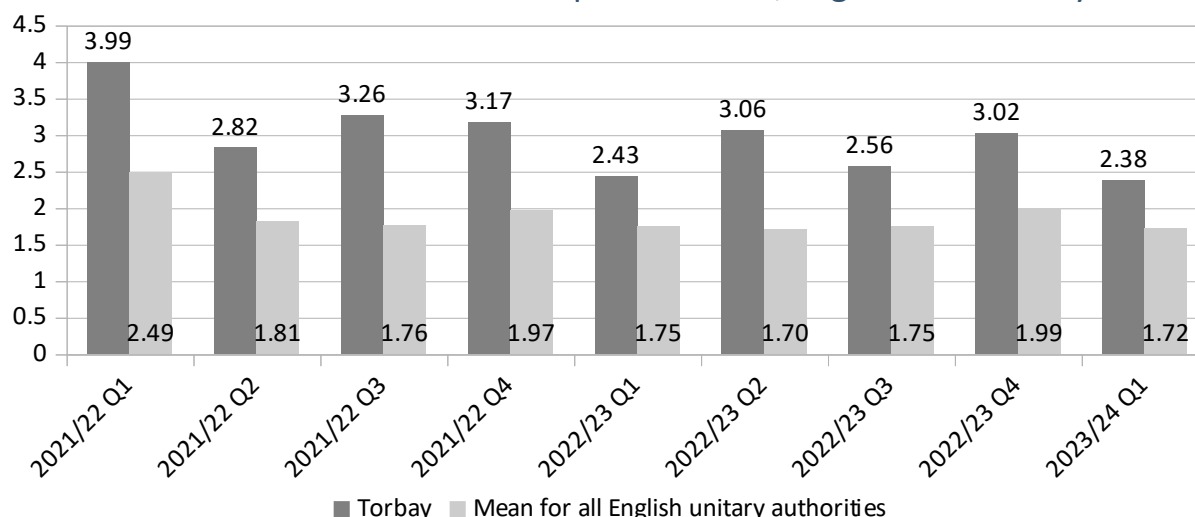
## 3.1 Demand on services

Households find themselves at risk of homelessness for many reasons, often through no fault of their own. For example, one of the largest drivers for homelessness in Torbay is the loss of private rented tenancies, due to the larger proportion of homes in the private rented sector in Torbay (27%), compared to that of the national figure (20%). Torbay also has a small social housing stock (8%), compared to England (18%), which means that there is an over reliance on discharging a homeless duty back into the private rented sector in Torbay.

Following the pandemic the number of people losing private rented accommodation increased dramatically due to the backlog of evictions, landlords selling, or converting to holiday accommodation and private rents increasing to unaffordable levels, way beyond housing benefit payments. In 2021/22 Torbay saw a high proportion of households per thousand population assessed as homeless (3.31), compared to the national average (2.00).



### 3.01 Households assessed as homeless per thousand, England and Torbay



Source: LG Inform (1.90)

In 2022/23, Torbay continued to see a high proportion of households per thousand population assessed as homeless, compared to the national average, however both figures have reduced to 2.8 per thousand and 1.8 per thousand respectively.

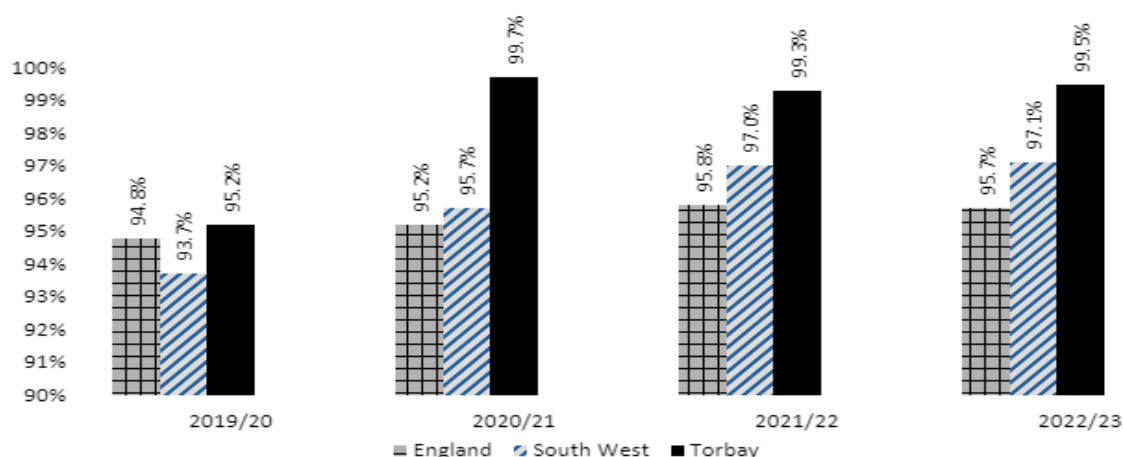
### 3.02 Number of households in housing need, bands A to D at 1st April 2023, Devon

	Band A		Band B		Band C		Band D		Total	Band E	
	Count	%	Count	%	Count	%	Count	%		Count	%
West Devon	1	0%	122	23%	147	28%	258	49%	528	450	46%
South Hams	4	1%	212	27%	184	23%	398	50%	798	680	46%
Mid Devon	0	0%	155	18%	299	35%	406	47%	860	811	49%
Teignbridge	0	0%	241	21%	350	31%	541	48%	1,132	0	0%
Torrige	0	0%	170	15%	366	32%	608	53%	1,144	842	42%
North Devon	4	0%	311	21%	405	27%	770	52%	1,490	754	34%
<b>Torbay</b>	4	0%	332	20%	435	26%	917	54%	1,688	0	0%
Exeter	4	0%	488	22%	589	27%	1,114	51%	2,195	0	0%
East Devon	3	0%	333	13%	825	32%	1,427	55%	2,588	2,786	52%
Plymouth	10	0%	1,592	21%	1,937	25%	4,127	54%	7,666	3,636	32%
<b>Total</b>	<b>30</b>	<b>0%</b>	<b>3,956</b>	<b>20%</b>	<b>5,537</b>	<b>28%</b>	<b>10,566</b>	<b>53%</b>	<b>20,089</b>	<b>9,965</b>	<b>33%</b>

Source: Devon Home Choice (1.88)

At 1 April 2023, there were a total of 1,688 households on the Housing Register, a 7% increase since the same time in 2022. Low-income households are increasingly reliant on the private rented sector, with nearly 70% of these households dependent on some form of housing subsidy.

### 3.03 Total households assessed as owed a duty 2019-2023



[GOV.UK: Tables on homelessness \(1.23\)](#)

Torbay, had higher than the national and regional averages for households assessed as owed a duty.

Since 2019/20 the Torbay Housing Needs Service has assessed an average of 1,132 households each year, with 1,194 assessed as homeless in 2022/23. That is approximately 23 households assessed each week.

During 2023/24 Q1, 46 households were accepted as priority need and owed a main duty in Torbay, and 25 were identified as vulnerable households. Since 2020/21, Torbay, and its comparator local authorities have recorded higher levels of households assessed as owed a duty, at around 99%, however the South West is beginning to record higher levels as that of Torbay.

Both Bournemouth and Hastings have been used as a benchmark authority to Torbay, as they represent coastal locations that have similar level of social housing to Torbay. It aims to illustrate the similar challenges for a similar type of local authority. The Chartered Institute of Public Finance and Accountancy (CIPFA) comparators do not consider the housing market makeup in the area, which in turn play a significant role in accessing and keeping a home.

### Priority need category of households owed a main duty

Households that are threatened with homelessness within 56 days are owed help from the local authority to prevent homelessness and the authority must work to relieve homelessness for those who are actually homeless. If their homelessness cannot be resolved during this time, then the Council may need to provide temporary accommodation through a 'main duty'.

Main homelessness duty describes the duty a local authority has towards an applicant who is unintentionally homeless, eligible for assistance and has priority need. This definition has not been changed by the Homelessness Reduction Act (2017). This means that the Council has a duty to source suitable alternative accommodation.

In total, there are 550 homelessness cases being processed each month. On average, each month, there are the following active cases:

**64 triage:** an assessment of a homeless person’s housing need, this includes the tailored needs of the applicant. These details are then shared with the applicant to inform their personal housing plan

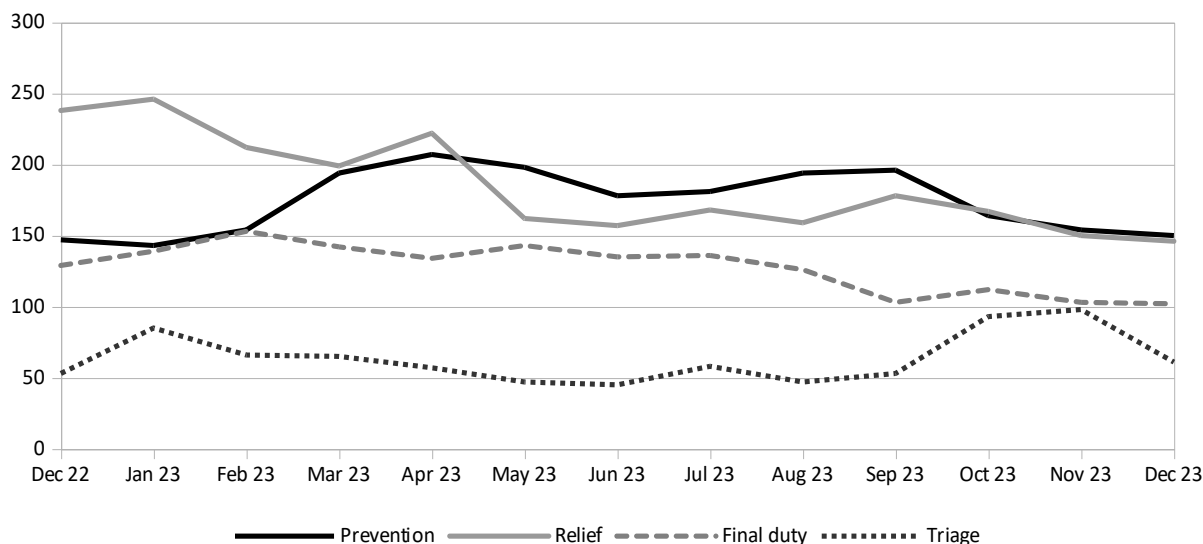
**174 prevention:** steps taken to help households to secure accommodation, for example mediation, matching with private landlords, assistance with applying for social housing

**185 relief:** threatened with homeless and a duty to prevent, could include household in temporary accommodation

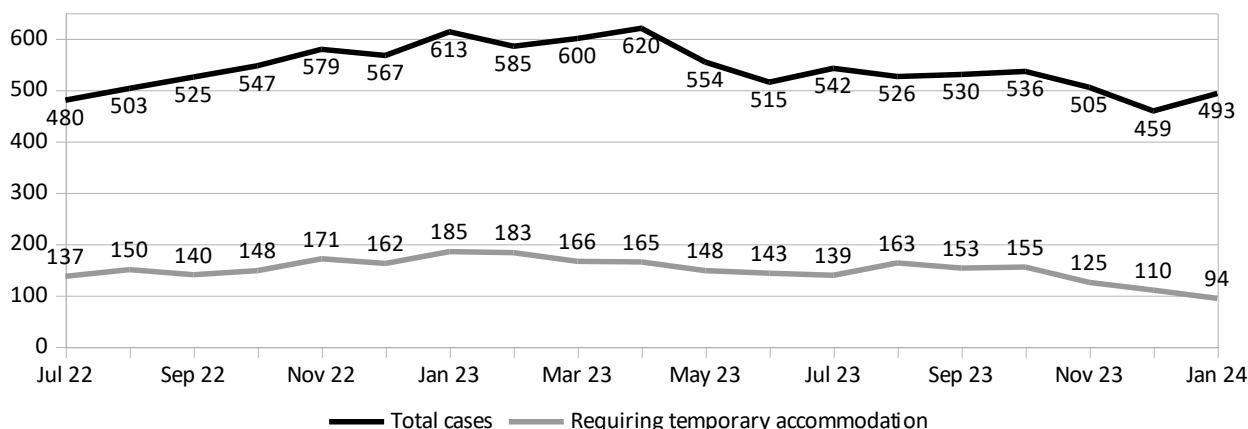
**127 final duty:** where the local authority must conclude whether, a full housing duty i.e. need to assist in providing permanent accommodation, is owed to the applicant or duty has come to an end

### 3.04 Active homelessness cases within the Housing Needs Service, Torbay, 2023

Source: Torbay Housing Needs Service (1.77)



### 3.05 Number of households needing homeless assistance, Housing Needs, Torbay



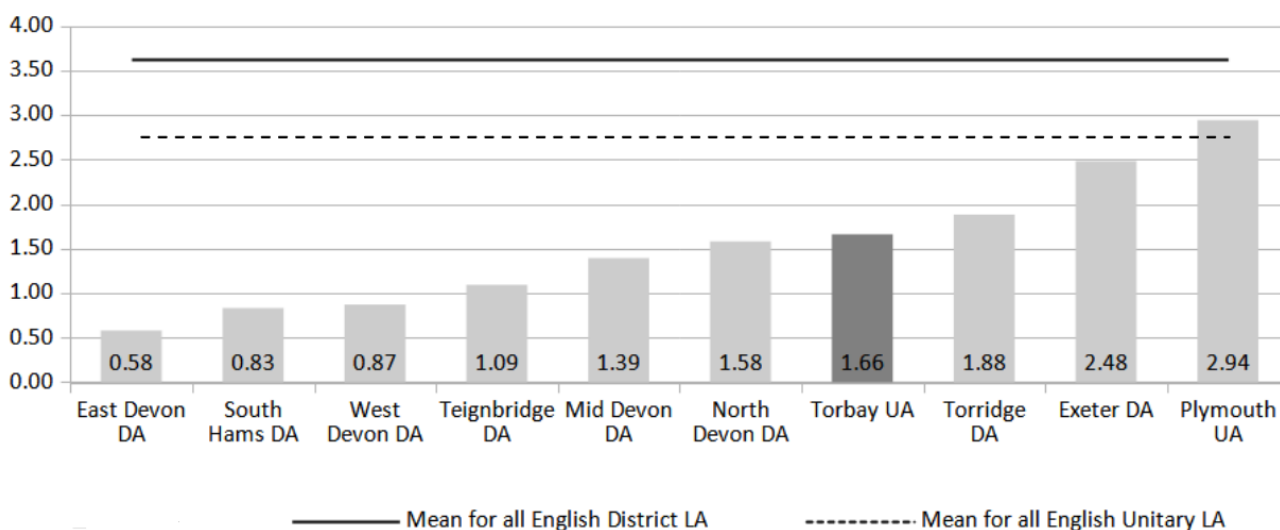
Source: Torbay Housing Needs Service (1.78)

On average, 28% of households needing homeless assistance required temporary accommodation. This dropped to 19% in January 2024.

## 3.2 Temporary accommodation

Households in temporary accommodation refers to households living in accommodation secured by Torbay Council under its statutory homelessness functions. The majority of households in temporary accommodation have been placed under the main homelessness duty to secure suitable accommodation until the duty ends. This data therefore provides a useful indication of levels of potential resident vulnerability within Torbay.

### 3.06 Number of households in temporary accommodation, per (000's), Devon, 2023/24 Q3



Source: LG Inform (1.05)

For the larger conurbations in Devon the number of households in temporary accommodation reflect the overall population sizes of Plymouth, Torbay and Exeter, although, Torbay is above the average for all English unitary authorities.

In 2023/24 Q1, there were, on average, a total of 130 households in temporary accommodation in Torbay. This equates to a rate of 2.15 households per 1,000 households, which is lower than the all English unitary authorities rate of 2.42. Whilst trends have been increasing nationally, Torbay experienced an earlier increase than others. This along with the work that has been undertaken, has meant that there has not been as sharp an increase compared to others areas, although it is still significant.

## 3.3 Rough sleeping

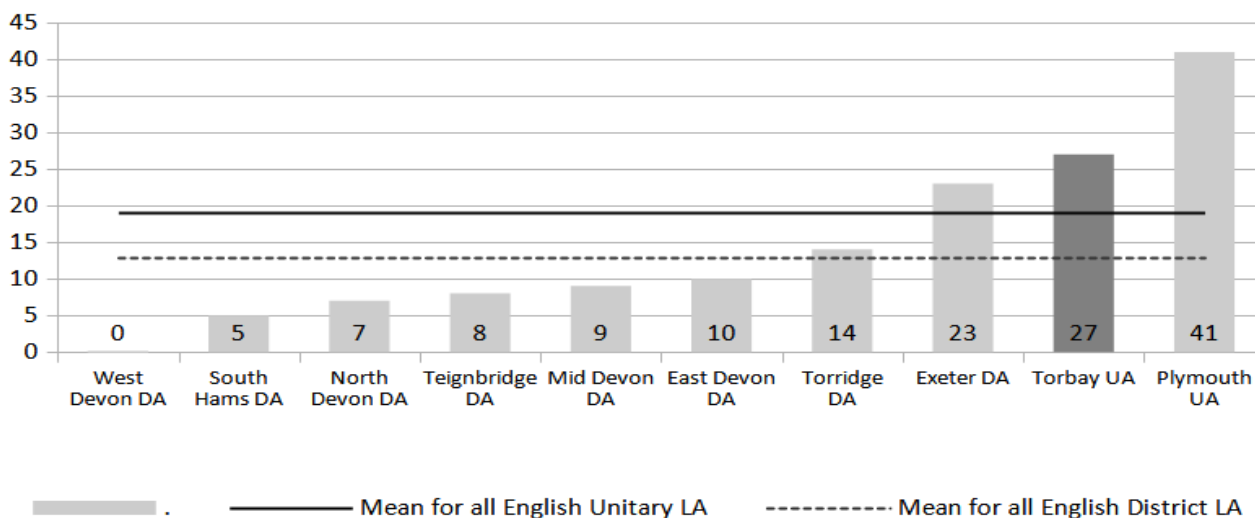
Rough sleeping is the most visible and dangerous form of homelessness. It rightly causes the most concern among the public, decision makers, and advocates for homeless people in the charity sector. The longer someone experiences rough sleeping the more likely they are to face challenges around trauma, mental health, and drug and alcohol misuse.

Generally, most people experiencing street homelessness in Torbay are from, or have a local connection. However, there are seasonal changes whereby more people from out of area arrive from April through to the end of September. Most transient people stay for a short time before moving on, typically seeking no local assistance from Housing Services.

## The number of people sleeping rough

People sleeping rough are defined as those sleeping or about to bed down in open air locations and other places including tents and makeshift shelters. The government’s annual snapshot records only those people seen, or thought to be, sleeping rough on a single night, the date of which is chosen by the local authority between 1st October and 30th November.

### 3.07 Number of people sleeping rough in Torbay, annual gov snapshot, Devon 2023



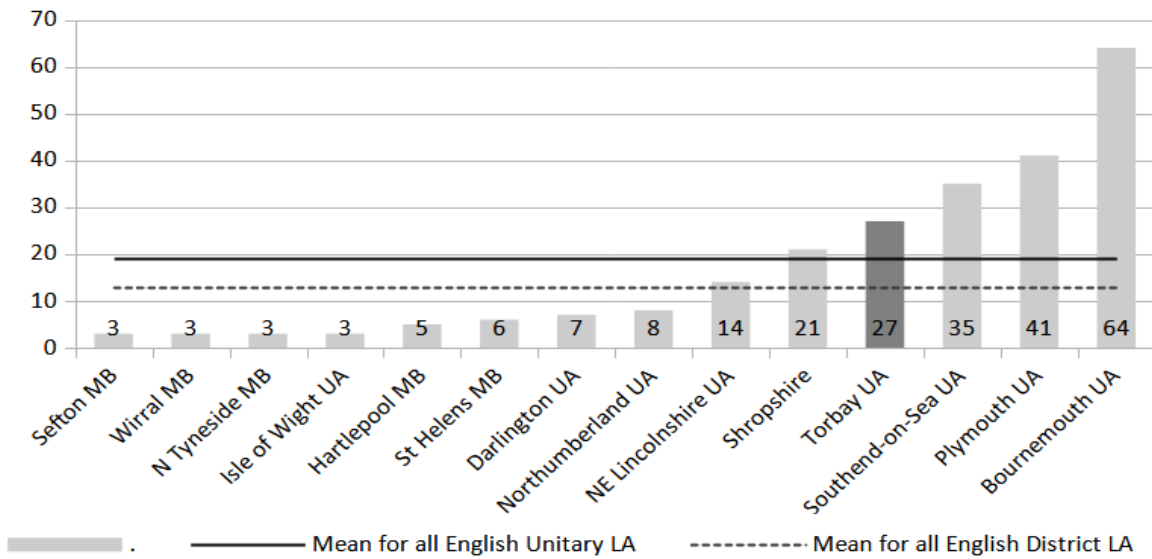
Source: LG Inform (1.86)

The Autumn 2023 annual rough sleeping snapshot found a total of 27 people sleeping rough in Torbay, this is higher than the mean for all English unitary authorities. When compared with our neighbouring authorities in Devon (Autumn 23) Torbay was ranked second behind Plymouth.

In Q3 22/23, 79.8% of the relief cases taken were from single person households. The average for England was 68%. Of the cases considered for the main housing duty in this period, 52% were single person households who were found to not be in priority need, so the Council has no statutory accommodation duty.

This is a national picture and Torbay is not unique in experiencing increased numbers. An increase in rough sleeping was experienced in all regions of England. Numbers nationally increased by 26% in 2022 and are estimated to increase again in 2023.

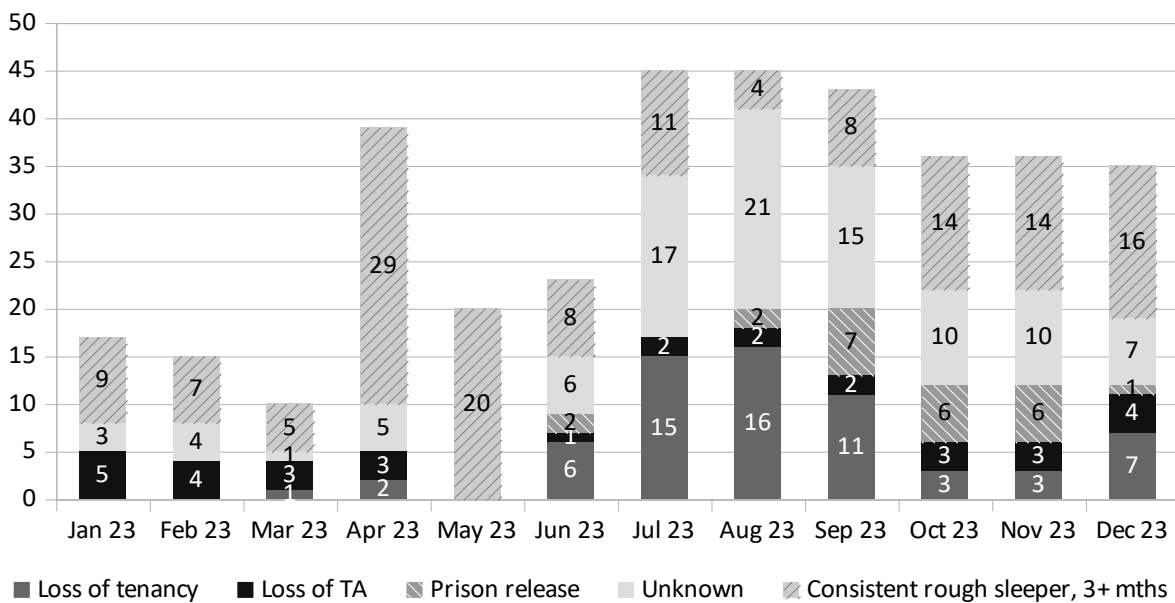
### 3.08 Number of rough sleepers, (CIPFA), annual gov snapshot, 2023



Source: LG Inform (1.87)

One of the main reasons of street homeless is the loss of a tenancy, which seems to spike, with a 200% increase in the summer months, when the weather is more clement and those evicted may try their luck sleeping outdoors. It is also the season when landlords tend to seek higher rents and holiday lets.

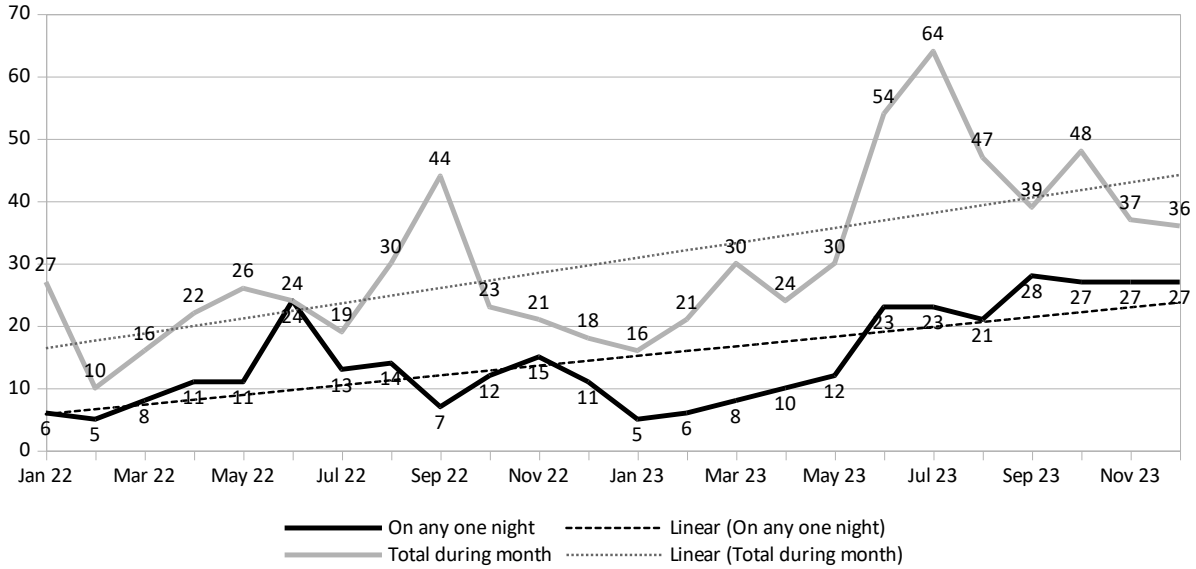
### 3.09 Reasons people became street homeless, Torbay, 2023



Source: Torbay Housing Needs Service (1.83)

The picture of street homelessness is also always evolving. There is a common misconception that people are static. Although there will always be those that sleep on the streets for a period of time in an area, the number of different people over a month will be far more than that on any one night. This reflects the true picture of street homelessness and the transient nature of location, or sofa surfing that is part of the hidden picture.

### 3.10 Total number of people who slept rough, monthly, Torbay 2022/23



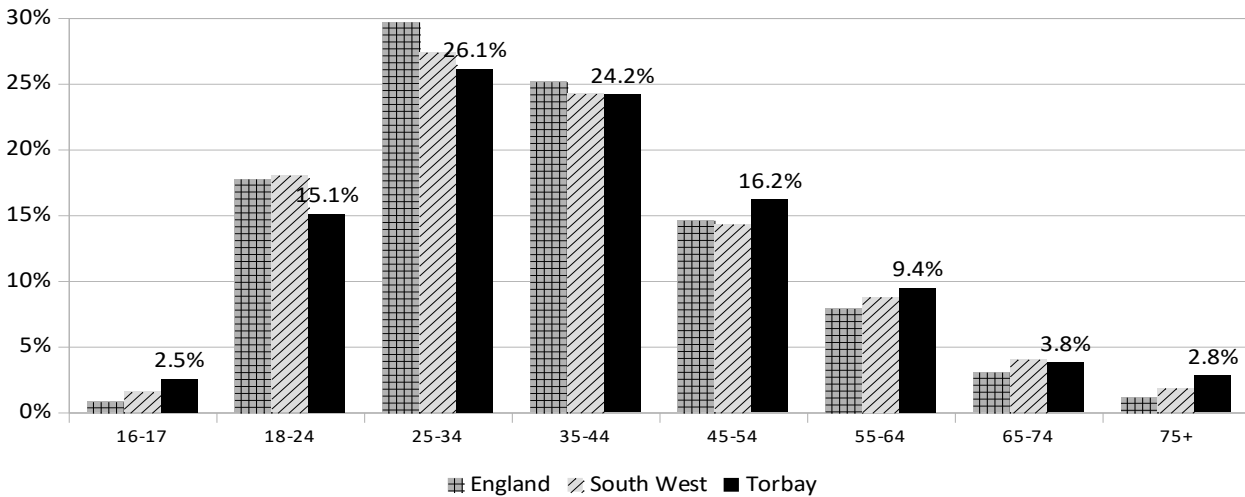
Source: Torbay Housing Needs Service (1.10)

In December 2024, the Rough Sleeping Team (RSI) was working with 59 different individuals. A 35% increase since the start of the year.

## 3.4 Client characteristics

### Age

#### 3.11 Age of main applicants owed a prevention or relief duty, 2022/23



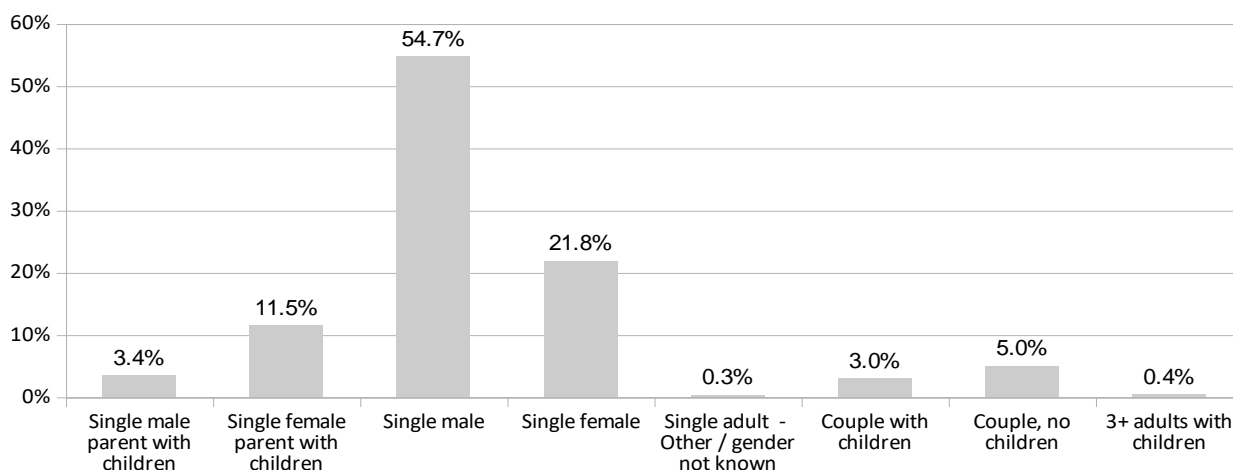
GOV.UK: Latest data tables on homelessness (1.71)

This chart shows the proportion of main applicants from each household assessed as owed a prevention or relief by their age groups for Torbay alongside the mean, median and maximum figures for all English unitary authorities. The age group with the highest number of households owed a duty in Torbay in 2022/23 was 25 to 34 and 35 to 44, with 310 households and 287 households respectively.

In regard to youth homelessness, there were 30, 16 to 17 year olds and 179, 18 to 24 year olds owed a prevention or relief duty in 2022/23. However, it should be noted that this number has decreased since the year before from 39 (3.6%) down to 30 (25%) for 16 to 17 year olds and from 197 (18%) to 179 (15.1%) for 18 to 24 year olds, the latter lower than the national and South West averages. There were 193 people aged 45 to 54 and 112 people aged 55 to 64, both higher than the national and South West averages. There is also a higher than average number of people (33) owed a duty who are 75 years, or older.

## Gender and family grouping

### 3.12 Household gender and grouping of main applicants owed a relief duty, 2022/23



[GOV.UK: Latest data tables on homelessness \(1.89\)](#)

Over half of the applicants owed a relief duty were single males (386), followed by single female households (154). There were 81 single female parents and 24 single male parents with children, 35 couples with no children and 21 couples with children. There were 3 adults with children, presumably adult children and 2 households registered who identified as 'other' gender.

The gender split for those sleeping rough in Torbay and more generally, is approximately 1 in 4 female (20% female and 80% male).

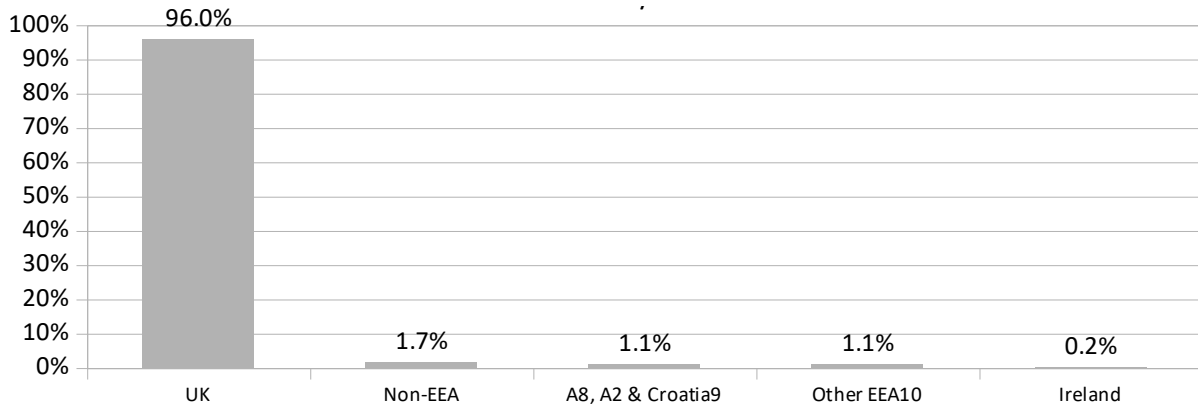
## Ethnicity

In 2022/23 Torbay, the main applicants owed a prevention, or relief duty were recorded as: 0.8% Black/African/Caribbean/Black British, 1.1% Asian/Asian British, with 1% Mixed/Multiple ethnic groups. The main ethnic group being 93% white.



# Nationality

## 3.13 Nationality of main applicants owed a prevention or relief duty, 2022/23

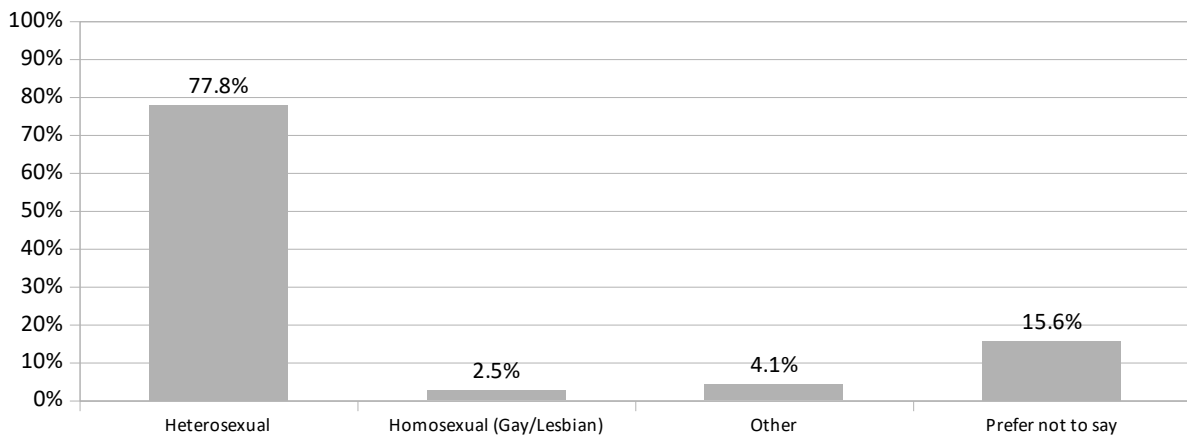


[GOV.UK: Latest data tables on homelessness \(1.73\)](#)

In Torbay, 1,140 households were recorded as having the UK as the nationality of main applicants owed a prevention or relief duty, followed by 20 Non-EEA, 13 A8, A2 and Croatia and 10 'Other EEA'. Smaller numbers are suppressed to protect the identity of the households.

# Sexual identification

## 3.14 Sexual identification of main applicants owed a duty, 2022/23

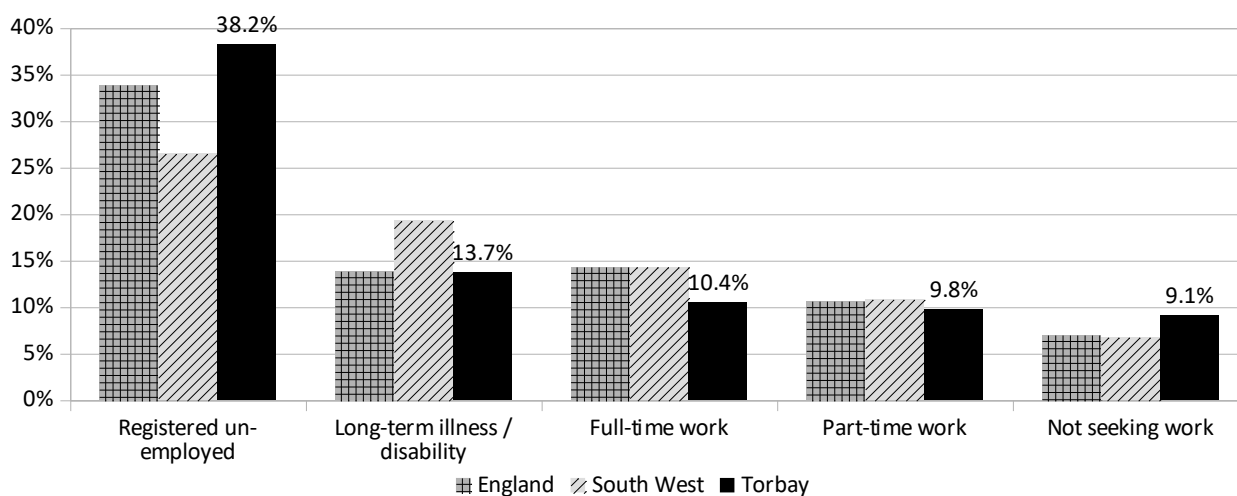


[GOV.UK: Latest data tables on homelessness \(1.74\)](#)

In Torbay, of main applicants owed a duty, 924 households identified as heterosexual, followed by 30 homosexual (gay/lesbian), 49 as 'other' and 185 preferred not to answer the question.

## Employment status

### 3.15 Employment status of applicants owed a duty, 2022/23



[GOV.UK: Latest data tables on homelessness \(1.75\)](#)

The employment status of a household is a useful indicator demonstrating an applicant's ability to earn a sufficient wage to maintain some form of accommodation. In Torbay, 454 (38.2%) applicants owed a duty were unemployed, this higher than both the national average (33.9%) and that of the South West (26.5%). 108 (9.1%) people said that they were at home/not seeking work, again this higher than both the national average (7%) and that of the South West (6.7%). This data should also be read in conjunction with support needs in chapter 4.

## 3.5 Future demand

Research has been undertaken and there are no models that predict the levels of homelessness. There is an absence of sufficiently reliable measures to predict the future prevalence of homelessness and of future demand for services. For example, much of the data reported about homelessness is actually a measure of the supply of help available to people, rather than the levels of demand for that help. Additionally, homelessness is a complex issue, due to its transient nature and is often unique to each area.

The levels of housing need and homelessness are often hidden, but are predicted to be 13 times higher than street homelessness, particularly with young people, who identify as lesbian, gay, bisexual and/or transgender, and those escaping domestic abuse.

According to Crisis, homelessness in Great Britain is forecast to continue to grow over the next 25 years. Although in the medium term the rate of increase is tempered by a predicted correction in the affordability of the housing market. By 2041 there are predicted large increases in homelessness.

[Source: Crisis.](#)

## 3.6 Summary

Torbay Council has a duty to assess a homeless applicant's housing needs, which follows strict criteria set out in the homelessness legislation, this is often referred to as the main homelessness

duty. Every year, thousands of people apply to the Council for homelessness assistance. The Housing Needs Team receives over 14,000 calls each year, that's an average of 1,143 per calendar month. Over a quarter of those call are high priority. In 2022/23, a total of 1,194 households were assessed by the Torbay Housing Needs Team.

Over half of the main applicants owed a prevention or relief duty were between the ages of 25 to 44 years of age, however this is below the national and regional levels. Although low in numbers, Torbay has a higher prevalence of homelessness of people aged 16 to 17, 45 to 54 and those over 75 years of age.

Since 2019, there has been an average of 501 households staying in temporary accommodation each year. In 2022/23, the total number dropped to 416, with 56% single households, 4% couples and 40% families with children. At times throughout the year the percentage of families accommodated can exceed 50%. At 1 April 2023, there were a total of 1,688 households on the Housing Register, a 7% increase since the same time in 2022.

The levels of housing need and homelessness are often hidden but are predicted to be 13 times higher than street homelessness, particularly with younger people. The Autumn 2023 annual rough sleeping snapshot found a total of 27 people sleeping rough in Torbay, this is higher than the average for English unitary authorities. When compared with our neighbouring authorities in Devon (Autumn 23) Torbay was ranked second behind Plymouth.

## 4 Homelessness prevention

Homelessness has a serious and harmful effect on those who experience it. No household should ever have to experience homelessness. Our approach is to prevent homelessness at the earliest opportunity, before individuals, or families lose their home.

Although there are many reasons for homelessness, the most common reasons recorded locally are the loss of a private rented home and family and friends who are no longer willing, or able to accommodate. For many people there will be a number of reasons, and for some there will be multiple complex needs.

Torbay Council has a duty to assess a homeless applicant's housing needs and share the results of its assessment with them. This process is a collaboration between the housing officer and the person, working together to identify what action is needed to help the person secure suitable accommodation.

### 4.1 Torbay's prevention and relief duties

Torbay Council must assess a person's housing needs if it is satisfied that they are eligible for help based on their immigration status and either homeless or threatened with homelessness within 56 days. This is set out in section 189A of the Housing Act 1996. The local authority must take reasonable steps to either:

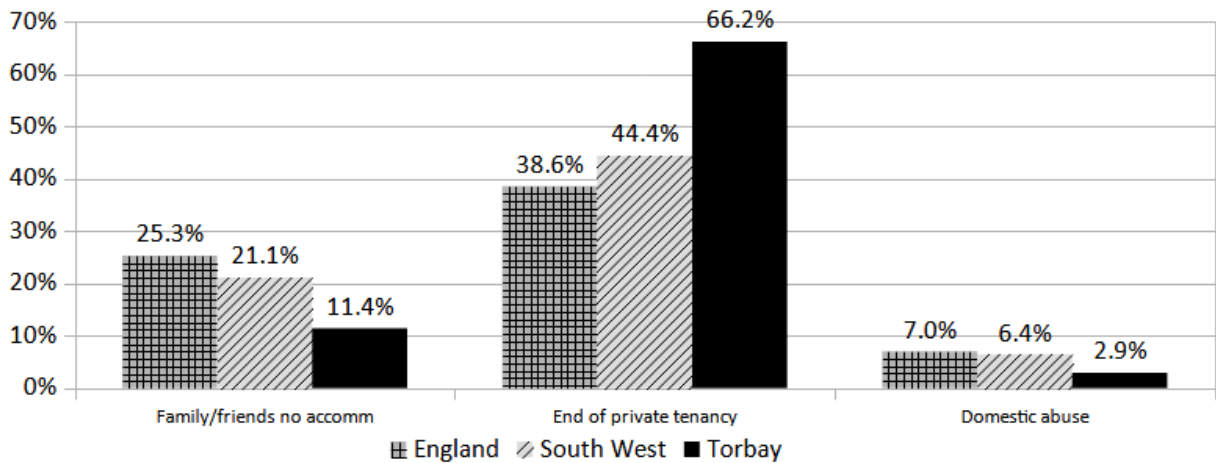
- prevent the person becoming homeless: **the prevention duty**
- help them secure accommodation for at least six months: **the relief duty**

The results of the assessment form the basis of a personalised housing plan. The plan sets out what steps the person and the authority agree to take to prevent the person becoming homeless, or help them secure accommodation.

## 4.2 Loss of last settled home

There are many reasons why a household becomes homeless, or threatened with homelessness. In Torbay the most common reasons are the loss of a private rented home and that family and/or friends who are no longer willing, or able to accommodate. Other reasons include relationship breakdown, eviction from supported housing, the end of a social tenancy and people needing to flee violence and harassment, including domestic violence. Many may require increased support because they have a number of complex issues.

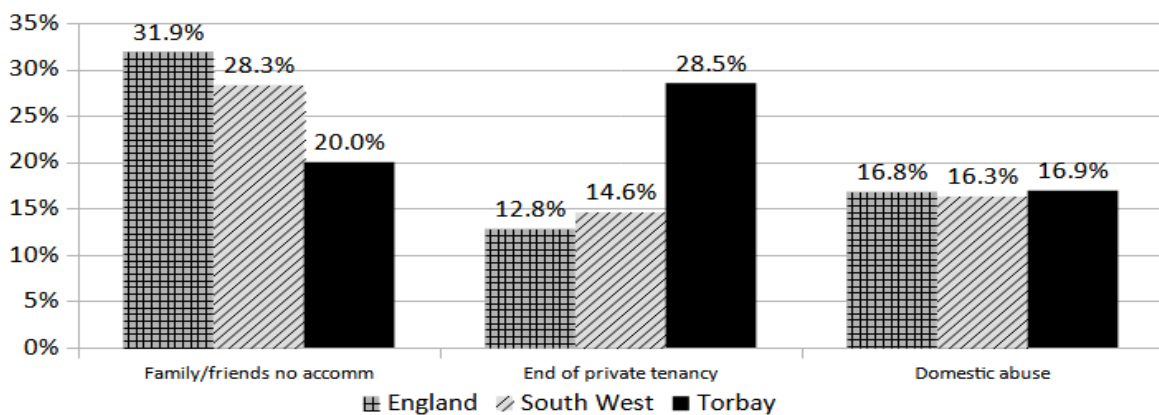
### 4.01 Reason for loss of home for households owed a prevention duty, 2022/23



[GOV.UK: Latest data tables on homelessness \(1.24\)](#)

The main reason for the loss of a settled home for households, owed both a prevention and relief duty in Torbay, continues to be the end of a private sector ‘assured shorthold tenancy’. 66% of those assessed as a prevention duty and 29% of those owed a relief duty fell into this category.

### 4.02 Reason for loss of home for households owed a relief duty, 2022/23



[GOV.UK: Latest data tables on homelessness \(1.25\)](#)

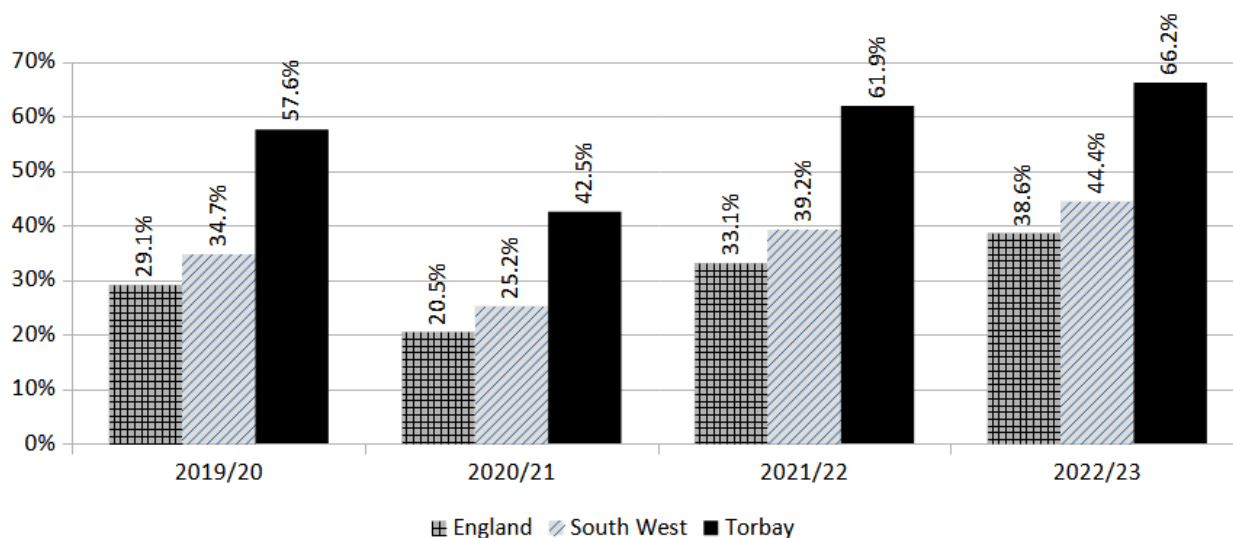
The end of a private sector tenancy is a prevailing problem for Torbay Council, due to the over reliance of the private rented sector and lack of affordable rented housing. The subsequent lift on tenancy protection following the pandemic has exacerbated the problem further.

For households owed a prevention duty, on average, 57% of households said that the ending of a private rented tenancy led to the loss of their home, approximately twice as prevalent as the national average (30%) and way above that of the South West (36%). This number has increased by 56% since 2020/21, standing at 66.2% in 2022/23.

For households owed a relief duty, on average, 20% of households said that the ending of a private rented tenancy led to the loss of their home, approximately twice as prevalent as the national average (10%) and way above that of the South West (12%). This number has increased by 123% since 2020/21, standing at 28.5% in 2022/23.

Since 2019, and the subsequent lift on tenancy protection following the pandemic, this issue has increased by 56%.

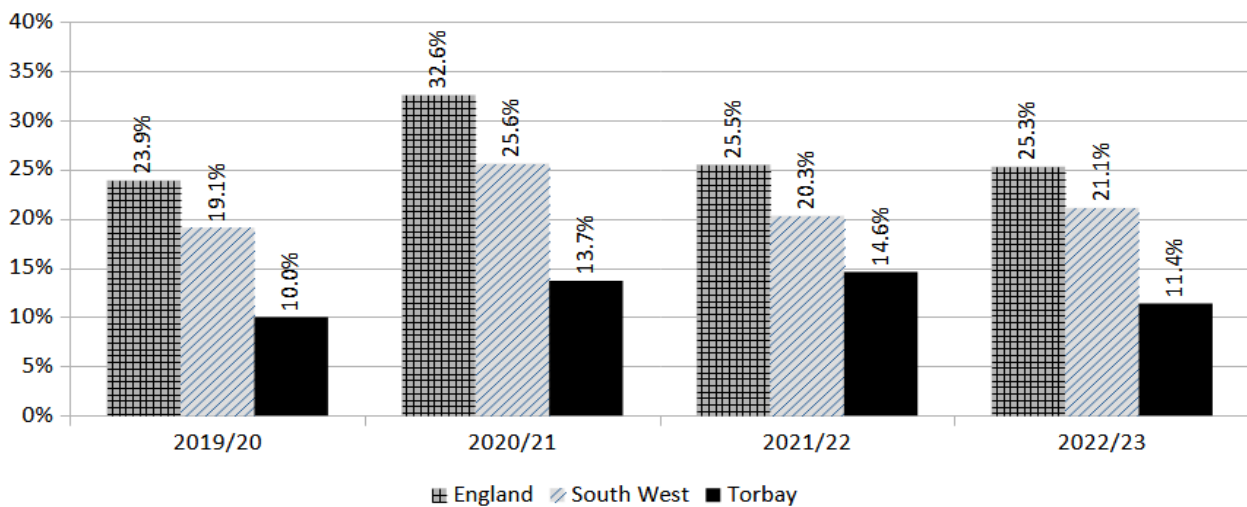
#### 4.03 Reason for loss of home for households owed a prevention duty: End of private rented tenancy



[GOV.UK: Latest data tables on homelessness \(1.27\)](#)

In Torbay the second most given reason for the loss of a settled home for households owed a prevention duty, is 'family or friends no longer willing or able to accommodate', however this has been a continuing trend over a number of years remaining relatively constant at around 12.5%, half that of the national average (26.8%) and much lower than that of the South West (21.5%).

#### 4.04 Reason for loss of home for households owed a prevention duty: Family/friends unable to accommodate

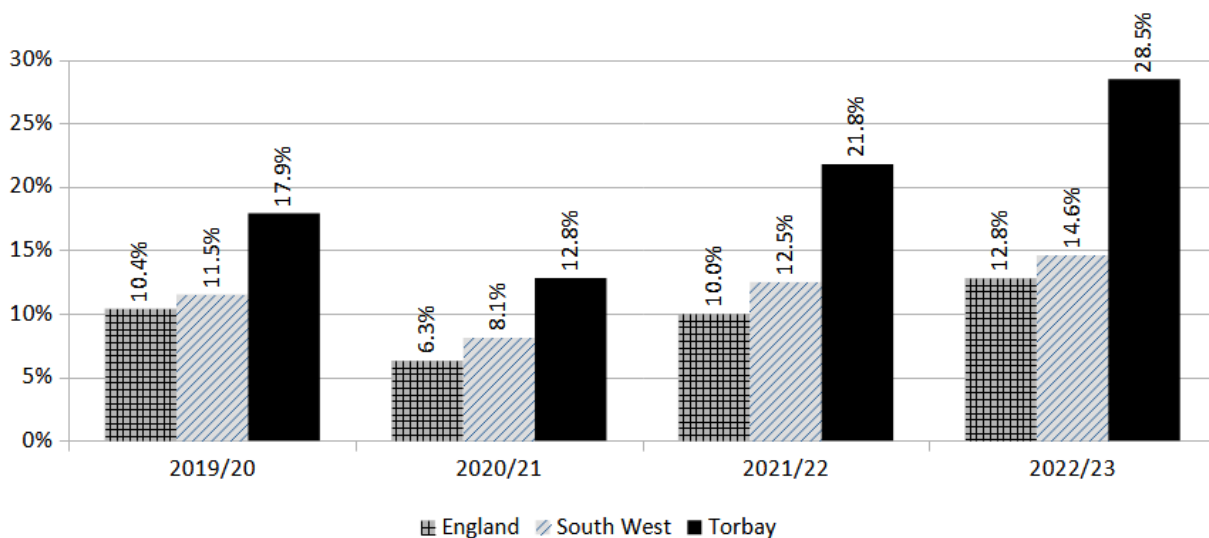


[GOV.UK: Latest data tables on homelessness \(1.26\)](#)

The reason behind this could be that accommodation choices for low income households, particularly single households, are limited to an expensive private rented sector. So, it is quite possible that they would rather remain in over-crowded conditions at home, or reach out to friends. The Housing Register regularly records that single households make up just over half (51%) of the total applicants, but due to the fact they have no dependent children, will generally attract a lower priority banding.

Over recent years, Torbay records an average of 22% single female and 53% single male as the household gender split for main applicants owed a prevention, or relief duty. This is similar to that of the South West (Female 22%, male 53%), but slightly higher than that of England (Female 22%, male 49%)

#### 4.05 Reason for loss of home for households owed a relief duty: End of private rented



[GOV.UK: Latest data tables on homelessness \(2.29\)](#)

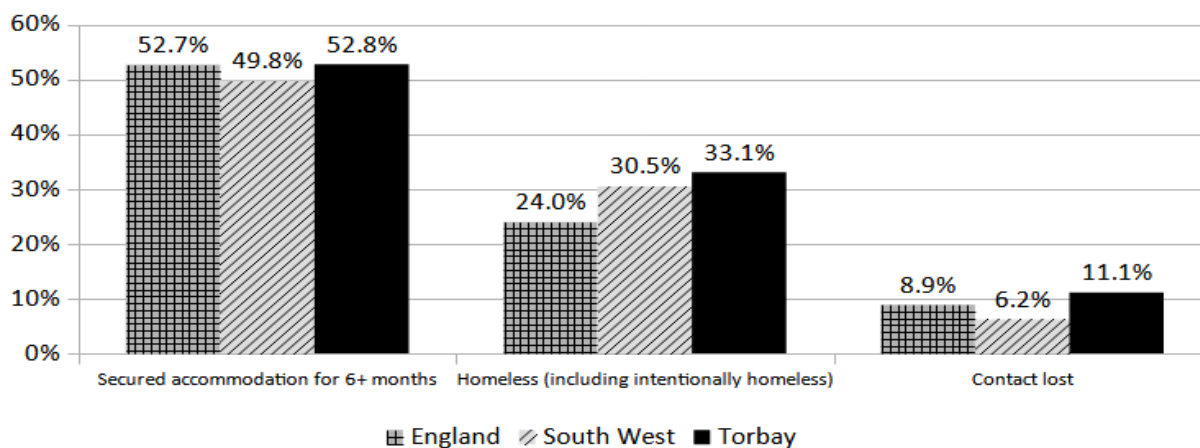
When owed a relief duty, high volumes of households also report that the main reason for the loss of their last settled home was the end of private rented tenancy. This trend mirrors prevention work in the Bay, and has continued grow since 2019, increasing by 59%.

### 4.3 Main reasons for duty ending

The reasons to end a prevention duty in Torbay is broadly in line with the national, regional and other benchmarking authorities in other parts of the country.

A total of 1,100 households were assessed by the team in 2022/23, of those 1,092 (99%) were owed either the prevention or the relief duty. Only 21.7% of those households were accepted as being owed the main housing duty and it is these households that remain in temporary accommodation the longest. This means that 78.3% of households are assisted and their issues resolved at the prevention and relief stage, ensuring that the duration of stay in temporary accommodation remains as brief as possible.

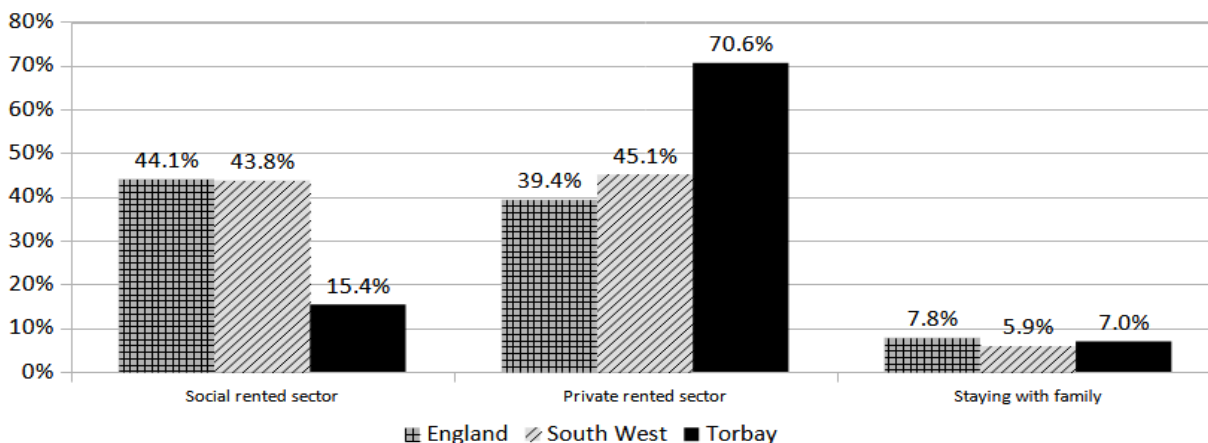
#### 4.06 Main reason for households’ prevention duty ending, by type 2022/23



[GOV.UK: Latest data tables on homelessness \(2.32\)](#)

When carrying out its homeless relief duties, Torbay Council is overly reliant on the private rented sector.

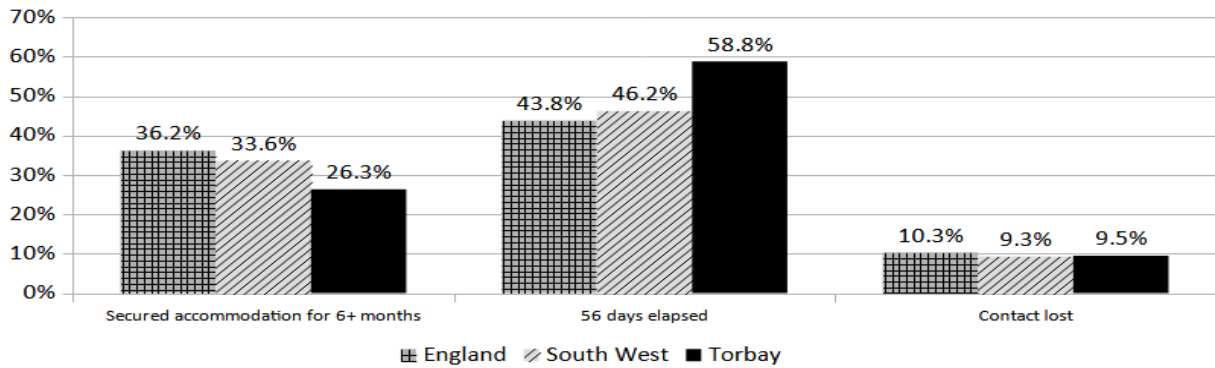
#### 4.07 Main activity that resulted in accommodation secured for households, by type 2022/23



[GOV.UK: Latest data tables on homelessness \(2.39\)](#)

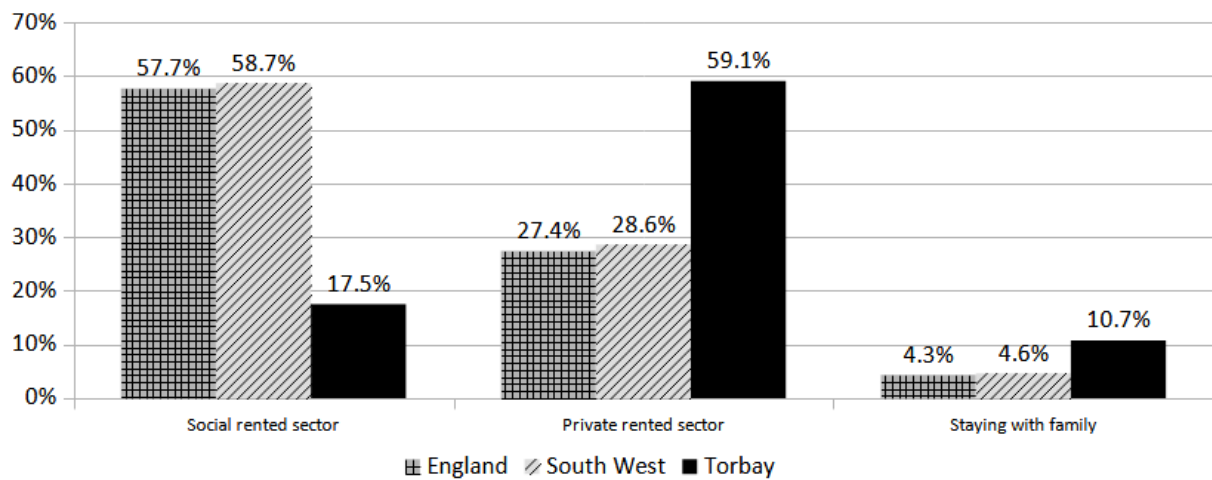
#### 4.08 Main reason for households' relief duty ending, by type 2022/23

[GOV.UK: Latest data tables on homelessness \(2.43\)](#)



The lack of affordable accommodation in Torbay, means that finding placements for households owed a duty, is becoming more difficult, with relief duty sometimes extending the 56 days stipulated. Where efforts to prevent, or relieve homelessness are unsuccessful, or do not happen quickly enough, the Council must provide suitable temporary accommodation to certain households who are considered vulnerable. Approximately, one third of the cases held by the Housing Needs Team are owed a temporary accommodation duty at any one time.

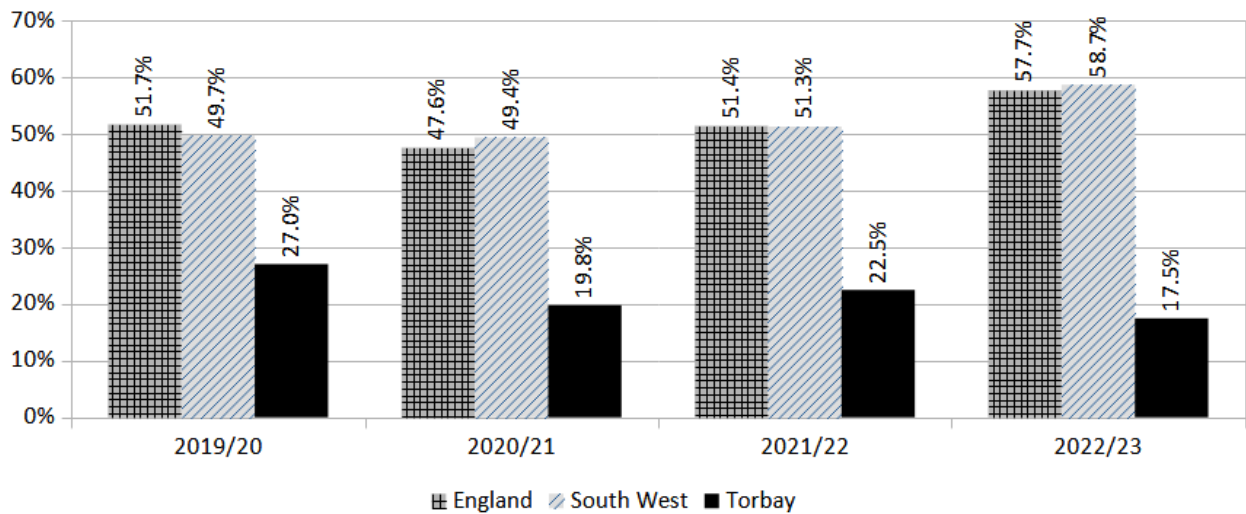
#### 4.09 Type of accommodation secured for households at end of relief duty 2022/23



[GOV.UK: Latest data tables on homelessness \(2.47\)](#)



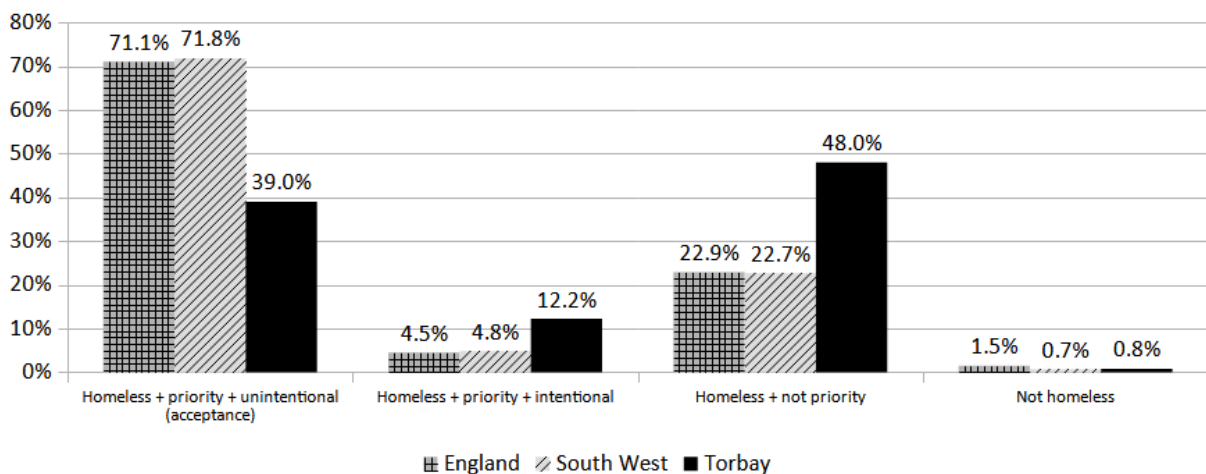
#### 4.10 Type of accommodation secured for households at end of relief duty: Social rented sector.



[GOV.UK: Latest data tables on homelessness \(2.48\)](#)

Social housing in Torbay is delivered via the Housing Register, Devon Home Choice, a partnership of registered providers across Devon, that delivers a Choice Based Lettings Scheme. In 2022/23, 249 properties were advertised for let in Torbay.

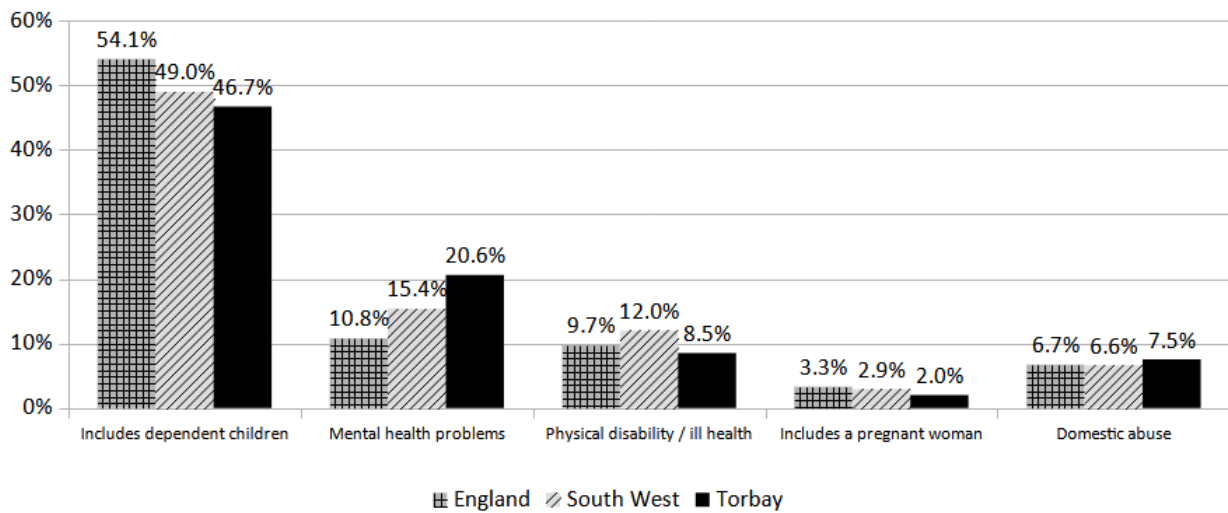
#### 4.11 Outcome of main duty decision for eligibility households, by type 2022/23



[GOV.UK: Latest data tables on homelessness \(2.51\)](#)

In the 12-month period, August 2022 to August 2023 there were only two, four bedroom properties advertised. The result of which, is that larger households in ‘temporary’ accommodation with children are waiting a significant amount of time to access affordable housing. This has a significant impact on child development and negatively impacts family life, as families experience a prolonged detachment from their local communities, away from friends, family, schools and social networks.

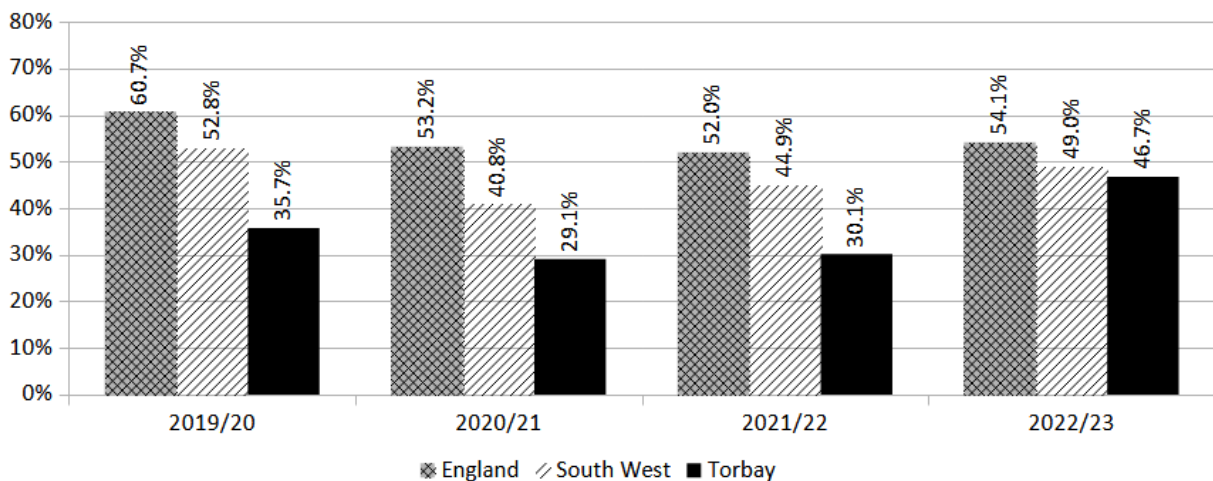
#### 4.12 Priority need of households owed a main duty, by type 2022/23



[GOV.UK: Latest data tables on homelessness \(2.56\)](#)

Last year, 2022/23, the main priority need for households owed a main duty, was for those who included dependent children (46.7%). This is approximately a 58% rise on the two previous years.

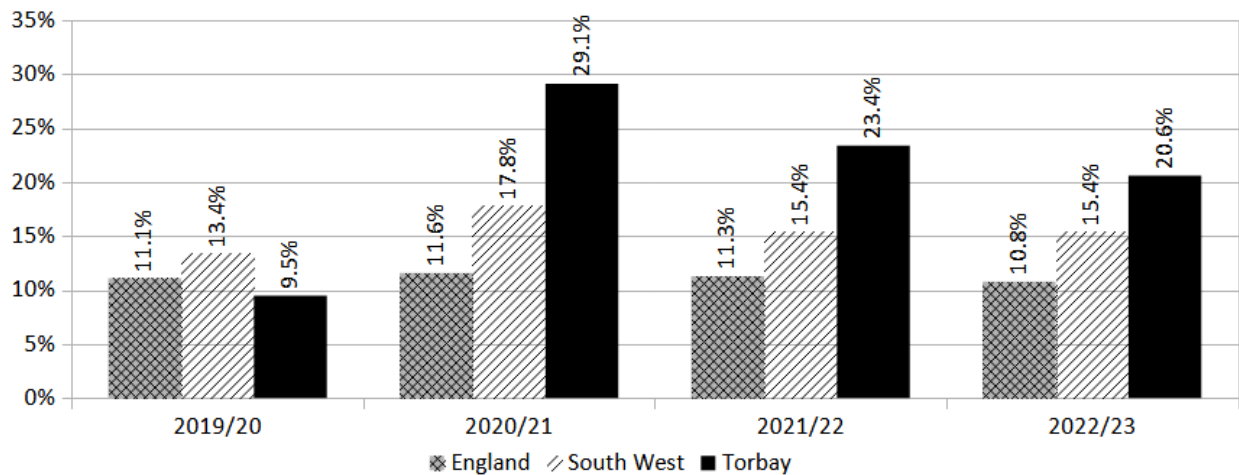
#### 4.13 Priority need households owed a main duty: Household includes dependent children



[GOV.UK: Latest data tables on homelessness \(2.57\)](#)

On average, Torbay recorded 35% of households owed a main duty with dependent children, compared to 55% for England and 47% for the South West. This could be that Torbay Council works more diligently to prevent families with children becoming homeless, combined with the fact that Torbay has a large older population.

#### 4.14 Priority need of households owed a main duty: Mental health problems

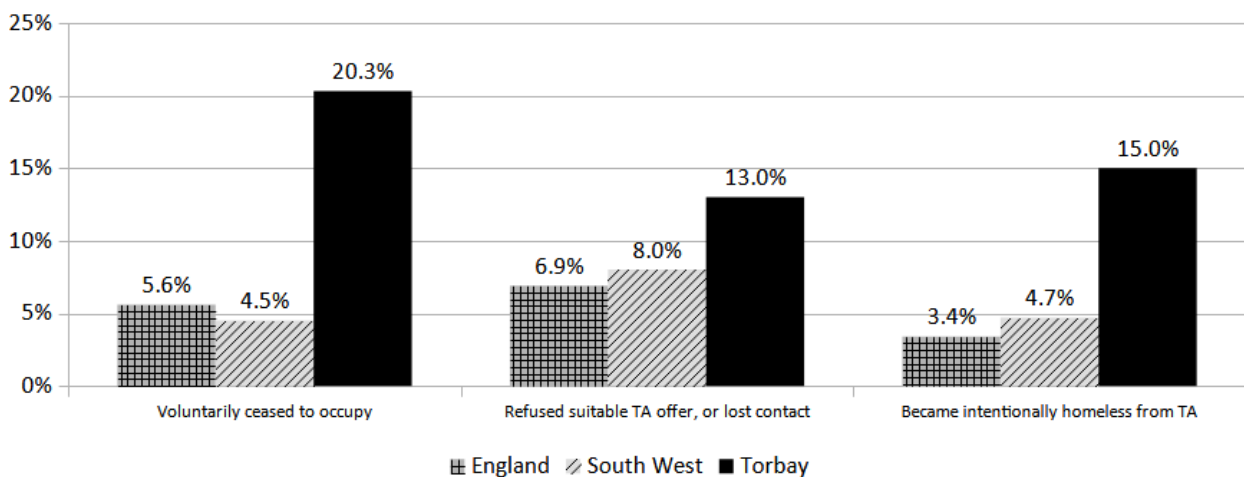


[GOV.UK: Latest data tables on homelessness \(2.58\)](#)

A recurring theme in Torbay is the prevalence of mental health issues contributing to homelessness in the Bay. In 2022/23 Torbay recorded 20.6% of households owed a main duty due to mental health problems. In each year since the pandemic, Torbay has, on average, recorded a significant priority need for households with mental health issues (24%), doubling that of England (11%) and ahead of the South West (16%).

This is likely due to the fact that the Torbay Housing Needs Team has implemented more rigorous detail and robust data integrity in case work recording, whereas some other local authorities may not record as much detail.

#### 4.15 Outcome of households no longer owed a main duty, by type 2022/23



[GOV.UK: Latest data tables on homelessness \(2.63\)](#)

## 4.4 Summary

Although there are many reasons for homelessness, the most common reasons recorded locally are the loss of a private rented home, family and friends who are no longer willing, or able to accommodate and people fleeing domestic abuse. For many people there will be a number of reasons, and for some there will be multiple complex needs.

The limited supply of social rented housing and a lack of affordable, long-term private rented accommodation in the Bay has meant that the sustained prevention of homelessness has been extremely challenging. Many of the contributing factors are beyond the control of the Council, so this is a situation that is likely to continue for many years.

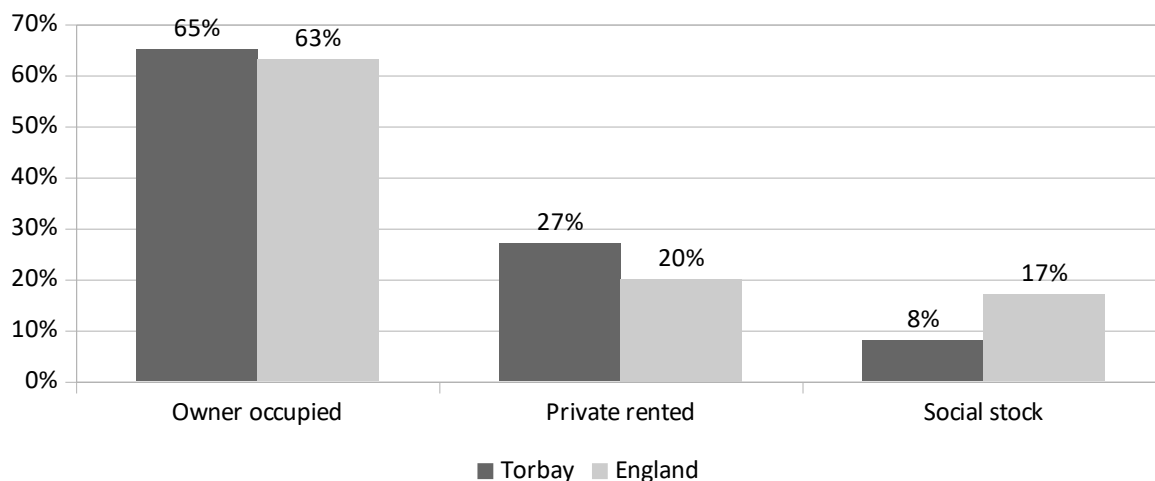
Helping households owed a duty, to either stay in their existing home, or to find new alternative accommodation continues to be problematic. Although, there is a plentiful supply of private rented homes (27%), compared with England (20%), the sector is volatile and fraught with challenges for low-income households. Private rents have become unaffordable due to increased demand, mortgage costs increasing etc.

Due to the modest amount of affordable rented dwellings, Torbay is heavily reliant upon the private rented sector. For a number of consecutive years, Torbay has discharged its homelessness duties into this sector, often at twice the national and regional average. As discussed, tenancies in the private rented sector yield higher homelessness applications and acceptances than from any other tenure, again well above the national and regional averages.

# 5 Suitable accommodation

Many people in our local communities are struggling to afford private rented accommodation or buy a home. There is a shortage of affordable rented housing in Torbay and there is a risk that the housing crisis will not just impact the current generation but continue to afflict generations to come.

## 5.01 Estimate of dwellings by tenure, Torbay and England, 2021



[GOV.UK: English Housing Survey 2020 to 2021 \(3.34\)](#)

This, combined with increasing rent levels in the private rented sector has made it extremely challenging for the Housing Needs Team and low-income households to secure suitable accommodation.

Further information on the provision of accommodation can be found in the Housing Strategy 2023 and evidence base documentation.

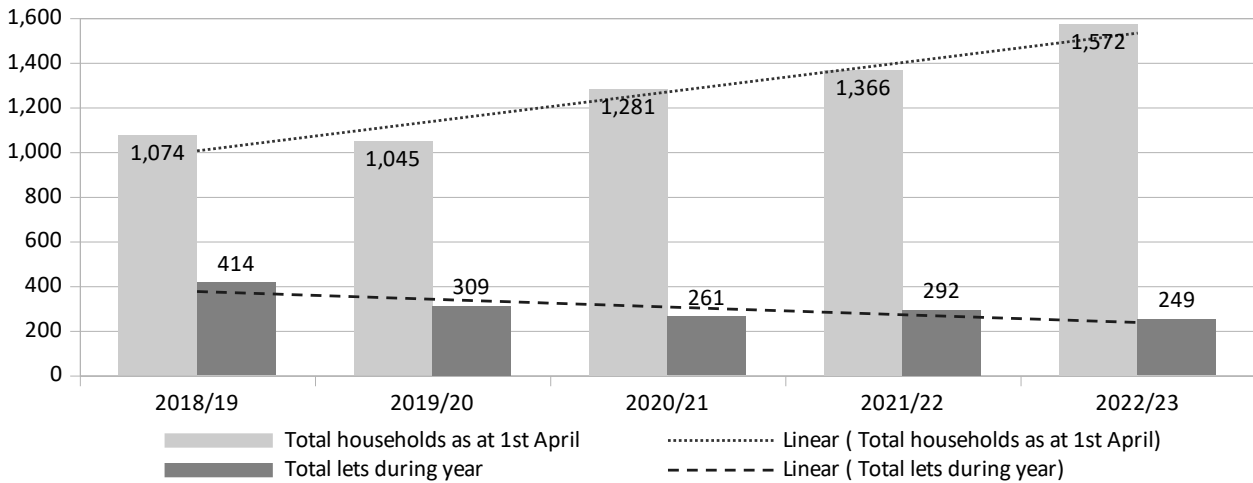
[Source: Housing Strategy and Evidence Base 2023 to 2030](#)

## 5.1 Social rented homes

Homes built for rent by the Council, or registered providers are the only type of homes that remain truly affordable for the majority of low income households in the Bay.

Traditionally, homes let on social rents are around 60% of the local market rent, but in 2010 the government announced their intention to introduce a new intermediate ‘affordable rent’. Under this model, registered providers could offer tenancies at rents on new homes of up to 80% of market rent levels with the intention that any additional finance raised would be reinvested in new affordable housing.

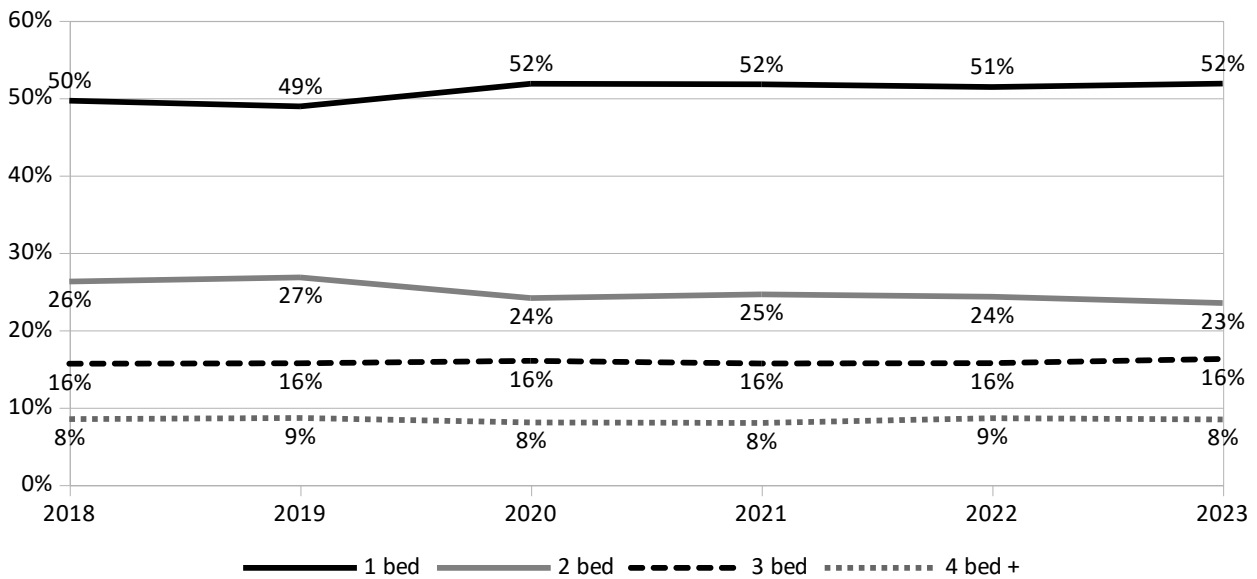
### 5.02 Number of applicants on Housing Register, and social homes let during the year, Torbay



Source: Devon Home Choice (3.09)

From 1<sup>st</sup> April 2020 to 1<sup>st</sup> April 2023, there has been a 50% increase in number of applicants on the Housing Register. Over that time there has been a 40% reduction of lets into the social rented sector.

### 5.03 Total households on the Housing Register, by bed size, Torbay



Source: Devon Home Choice (3.10)

Housing Register figures regularly show that single households make up just over half (51%) of the total applicants, but due to the fact they have no dependent children, will generally attract a lower priority banding. At 1 April 2023, there were a total of 1,688 households on the Housing Register, meaning approximately 861 single applicants in housing need.

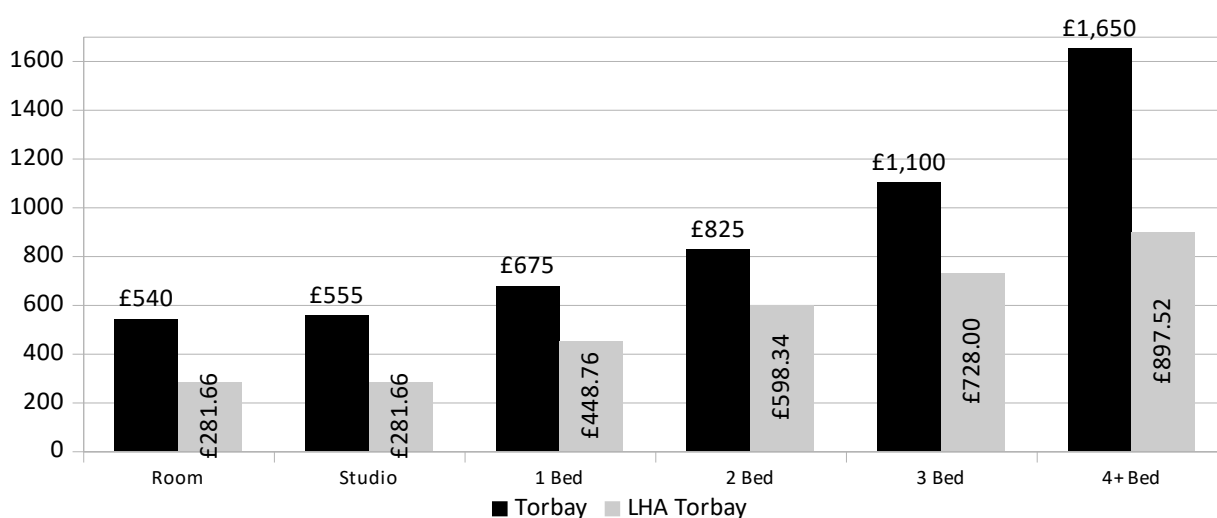
## 5.2 Private rented accommodation

Post pandemic, the number of people losing rented accommodation increased dramatically due to the backlog of evictions from the pandemic, landlords selling, or converting to holiday accommodation and rents increasing to levels even average income households cannot afford.

Typically, low income families struggle to afford to live in private rented accommodation. The English Housing Survey reports that on average, in England, households living in private rented accommodation are likely to spend around 35% of their household income, including benefits, on housing costs. This drops to 29% in social homes and 18% for households with a mortgage. But the backdrop of rising energy prices and living costs is making it increasingly difficult, for many.

Recent private rental increases are now, on average, £350 above the local housing allowance per calendar month, increasing for larger properties, have pushed rented accommodation beyond the reach of low-income households and families. This making the Council's Housing Team's task of finding affordable accommodation more challenging when undertaking their housing duties.

### 5.04 Average local rents compared with Local Housing Allowance (LHA) rates, Torbay 2024



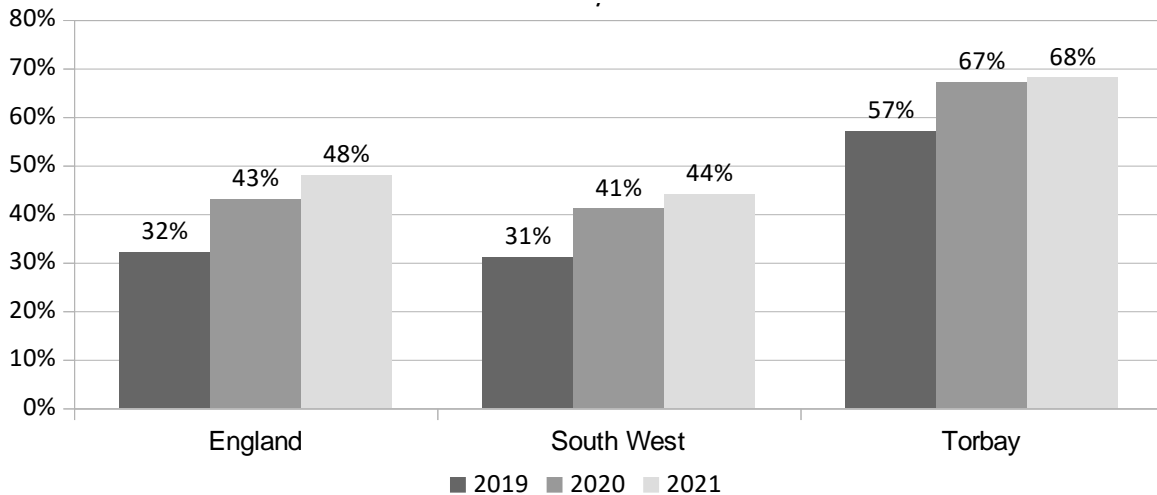
Source: Torbay Housing Needs Service (3.36)

The growing number of low-income households in Torbay who are reliant on housing subsidy, such as Housing Benefit, or the housing element of Universal Credit in the private rented sector is significantly higher than national and regional averages and at the upper end of the scale for benchmark authorities. Interestingly, Torbay has approximately twice as many households renting privately in receipt of housing subsidy than the total number of social homes.

It should be noted that Local Housing Allowance rates quoted above are the rates, unchanged from April 2021. However, in its 2023 Autumn Statement, the Government announced an end to a four-year freeze in Local Housing Allowance rates. From April 2024 new rates will be determined by, the size of property a household is entitled to, with bedroom entitlement based on family size and characteristics. This equates to an approximate increase of between £84 to £199 per month, depending on the property size.

The prevention, or relief of homelessness is about either keeping a household in their own home, or helping them find a new home before they need temporary accommodation. The tools used to achieve this are now very limited, as the Housing Needs Team is now faced with increased demand and spiralling rent levels, as landlords experience increased mortgage repayments, or choose to exit the market in favour of holiday type accommodation, or liquidise their assets.

### 5.05 Households renting privately, in receipt of housing subsidy 2020/21



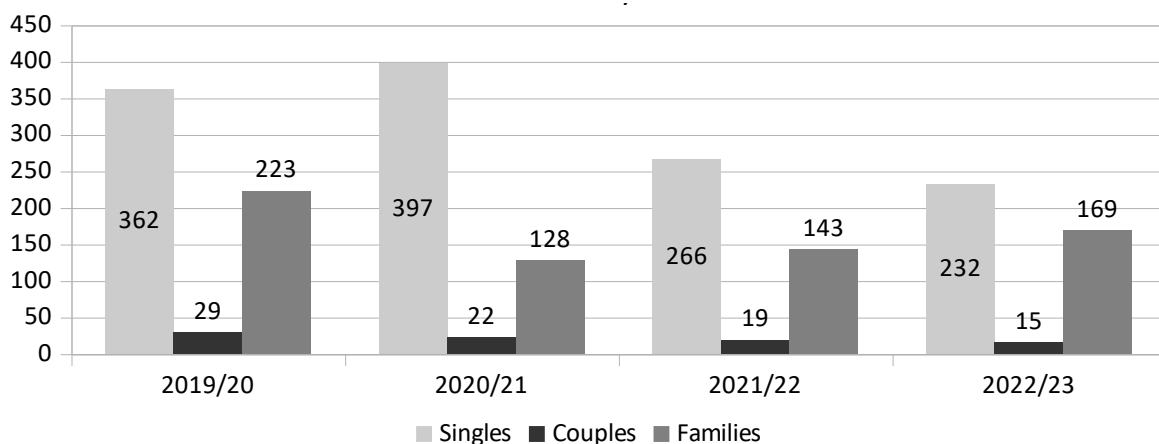
Source: DWP Stat Explore (3.35)

## 5.3 Temporary accommodation

The Council has seen continued high demand from households in housing need over the last few years. Prior to the Homelessness Reduction Act of 2017, there were approximately 60 households in temporary accommodation at any one time, following the introduction of the new 56 day relief duty, this increased to more that 100 households.

The pandemic and the ‘Everyone In’ policy in May 2020, created a step change in demand. At its peak it saw 267 households in temporary accommodation at any one time. Numbers have never returned to pre-pandemic levels due to the pressures on households who continue to be adversely impacted by the cost of living crisis.

### 5.06 Annual number of households in temporary accommodation by type, Torbay

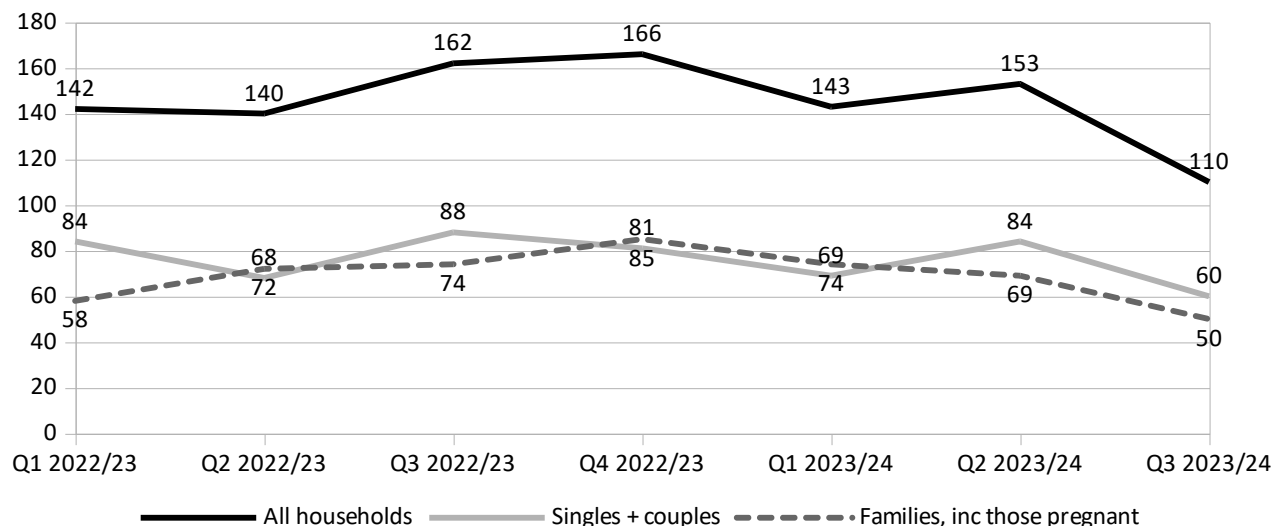


Source: Torbay Housing Needs Service (3.37)



Since 2019, there has been an average of 501 households staying in temporary accommodation each year. In 2022/23, the total number dropped to 416, with 55.7% single households, 3.6% couples and 40.6% families with children. At times throughout the year the percentage of families accommodated can exceed 50%.

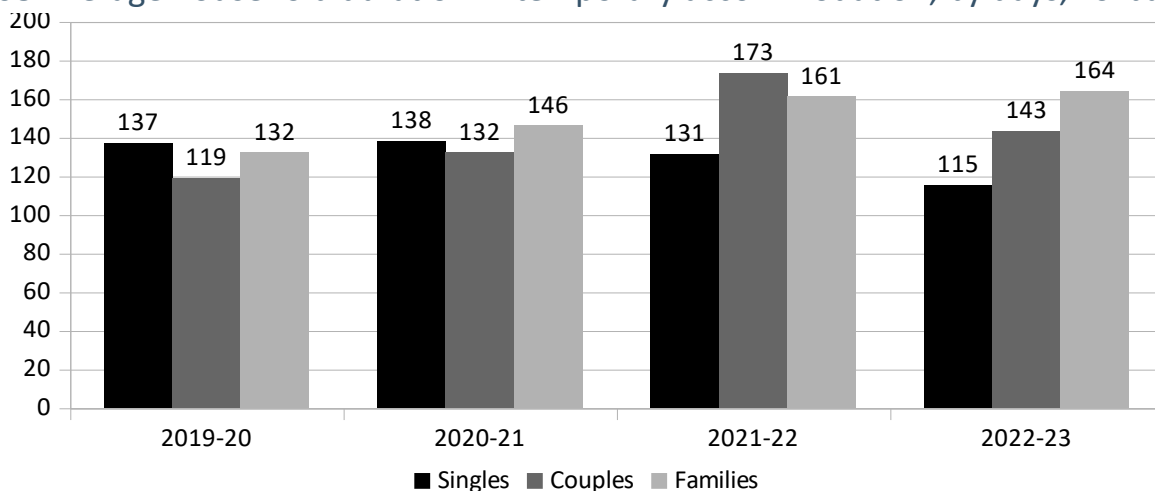
### 5.07 Average numbers in temporary accommodation on any one night, Torbay



Source: Torbay Housing Needs Service (3.11)

Through staff recruitment and a Team, restructure, there has been an increase in capacity and focus within the Housing Needs Service. There is a focus on prevention work, keeping households, particularly families in their existing accommodation, which has helped stabilise the number of households needing temporary accommodation. This against a backdrop of an increase in overall demand on the Housing Needs Service.

### 5.08 Average household duration in temporary accommodation, by days, Torbay



Source: Torbay Housing Needs Service (3.30)

Affordable housing of any tenure in Torbay cannot meet the needs of our community; there is not enough accommodation available, particularly larger homes for families.

The result of which, is that larger households in ‘temporary’ accommodation with children are waiting a significant amount of time to access housing. In 2022/23, on average, single households spent 16 weeks in temporary accommodation, whereas couples spent 20 weeks and families 23 weeks. This however has reduced slightly in 2023/24.

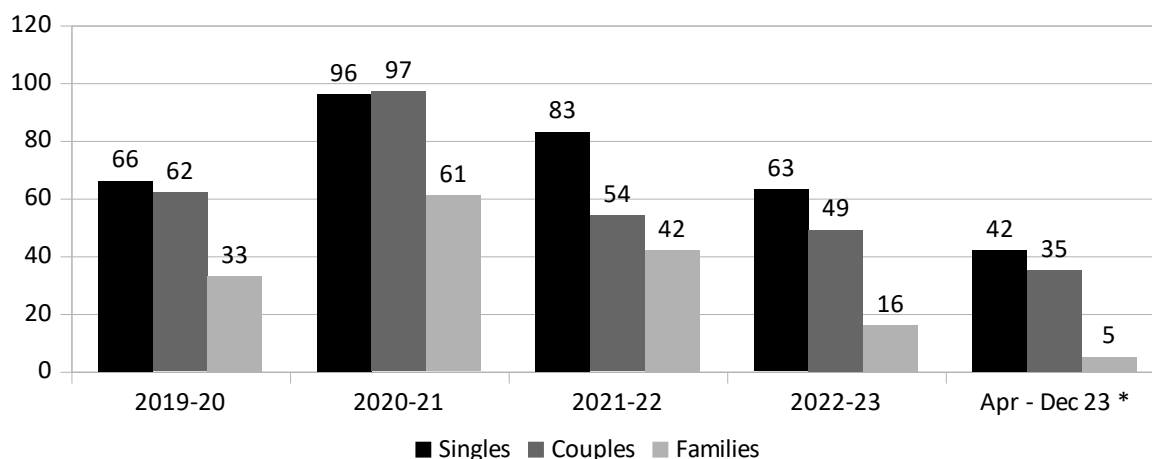
Torbay Council has re-profiled its supply of temporary accommodation and has purchased 38 properties to use as Council accommodation for families. It will aid compliance with government targets and assist in negating the need to place families in B&B accommodation and out of area placements. There is also specialist accommodation to support those fleeing domestic abuse and who have more complex needs.

### 5.09 Type and size of temporary accommodation, Torbay, 2024

Temporary Accommodation Type	1 bed	2 bed	3 bed	4 bed	5 bed	Total
Owned Torbay Council	4	2	24	6	1	37
Leased and managed by Torbay Council	12	2	1			15
Accommodation and management from an external provider	48	2				50
<b>Total</b>	<b>64</b>	<b>6</b>	<b>25</b>	<b>6</b>	<b>1</b>	<b>102</b>

Source: Torbay Housing Needs Service (3.01)

### 5.10 Average household duration in bed and breakfast, by days, Torbay



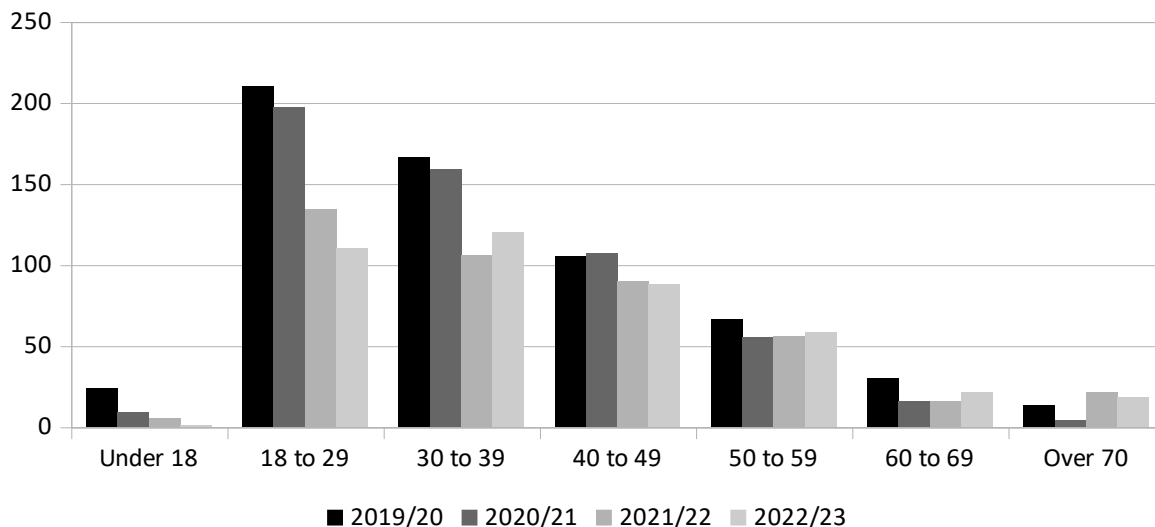
Source: Torbay Housing Needs Service (3.31)

Significant progress made by the Housing Needs Team, which has meant that, during 2022/23, the overall duration of stay in B&B has rapidly diminished to 9 weeks for singles, 7 weeks for couples and only 2 weeks for families. In fact, more recently, the use of bed and breakfast accommodation has now almost been eliminated for families.

There will be times, however, in exceptional circumstances, where an immediate initial placement is required for a few days. In these circumstances we hope to identify families at risk of

homelessness at an earlier stage and will therefore be able to plan placements when an urgent presentation is made, as there may be no alternative available.

### 5.11 Age of people staying in temporary accommodation, Torbay



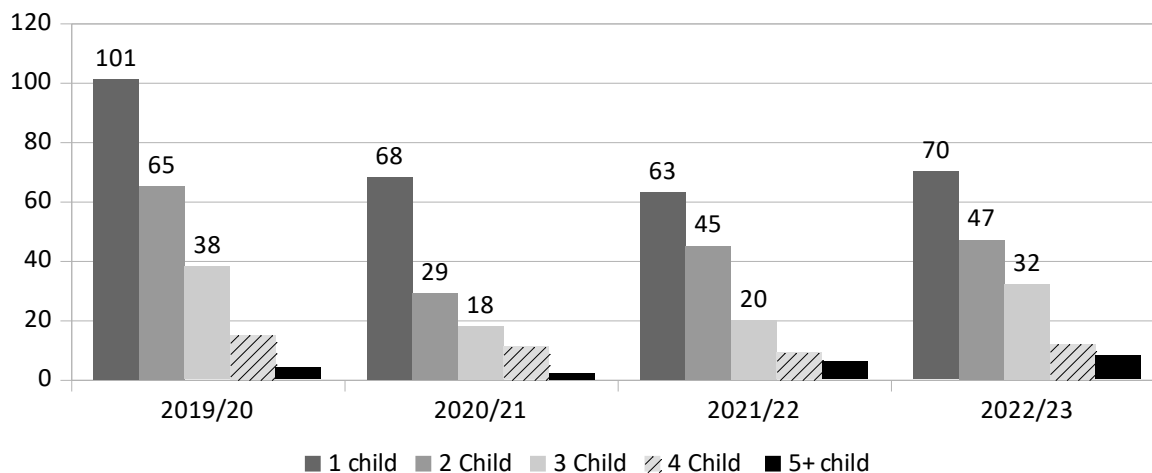
Source: Torbay Housing Needs Service (3.29)

Against a backdrop of increasing demand and escalating costs, mitigating an increase in household numbers in temporary accommodation is essential and will be our ongoing aim, along with bringing down costs and increasing quality.

## 5.4 Children in temporary accommodation

On average, each year, 33% of households in temporary accommodation account for families, however in 2022/23 this rose to 41%.

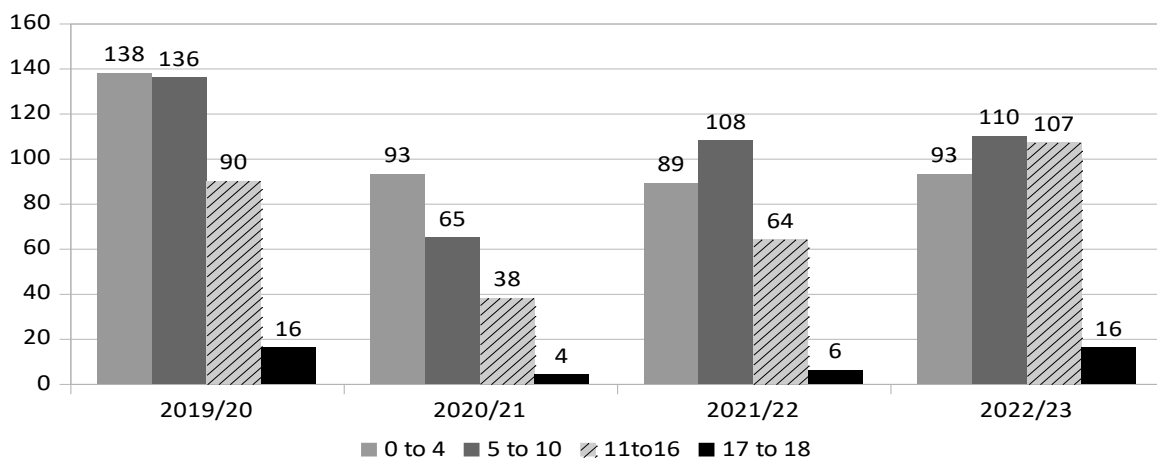
### 5.12 Number of families, by size, in temporary accommodation by Housing Needs, Torbay



Source: Torbay Housing Needs Service (3.32)

In temporary accommodation, on average each year, 46% of families have one child, 28% have 2 children, 16% three, 7% four, and 3% have 5, or more children.

### 5.13 Number of Housing Needs children in temporary accommodation, by age, Torbay

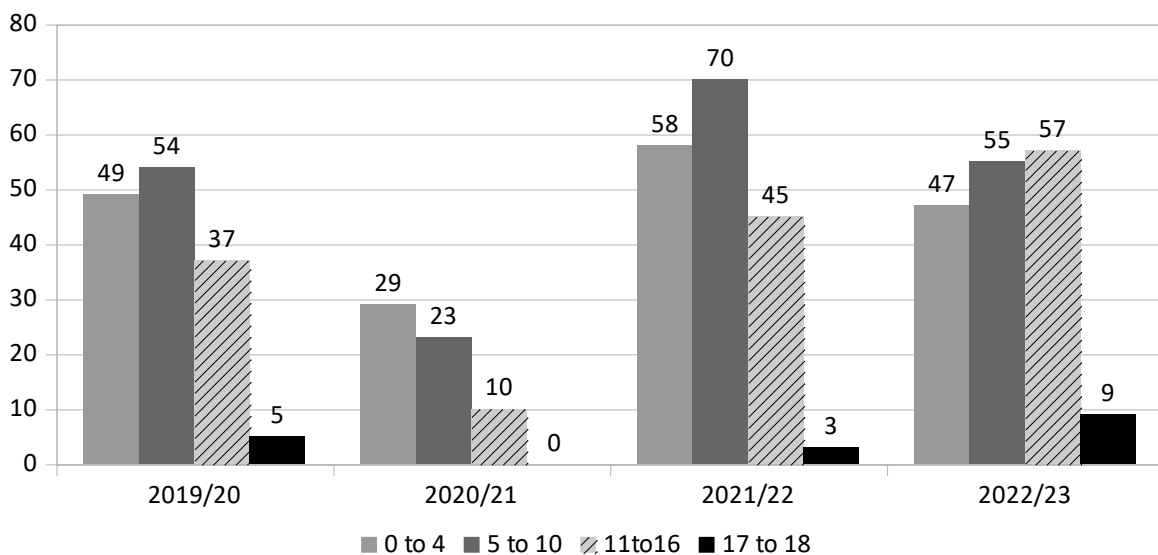


Source: Torbay Housing Needs Service (3.06)

Over recent years there has been an average of 293 children each year accommodated in temporary accommodation by the Housing Needs Service, 72% of whom are primary school age and 28% secondary school age.

There is a consistent need for larger units to accommodate families with four, or more children. The Housing Register shows a steady year on year increase in demand for 3 and 4 bed homes from 2019.

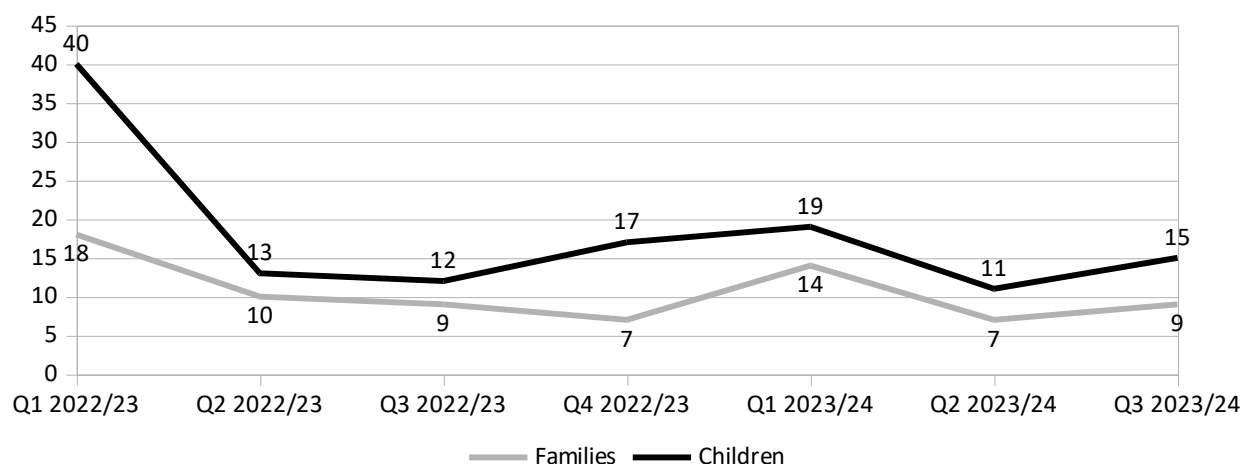
### 5.14 Number of Housing Needs children in bed and breakfast, by age, Torbay



Source: Torbay Housing Needs Service (3.07)

Last year, there were, on average, 18 children, per quarter provided with emergency accommodation through Children's Services. Although the assessment under Housing legislation may not bind Torbay Council to legally provide temporary accommodation, the Council does so, as vulnerable children would otherwise be at risk of homelessness.

## 5.15 Number of Children's Services households currently accommodated in temporary accommodation, Torbay, 2022/23



Source: Torbay Children's Services (3.14)

Furthermore, under the Children Act (1989) there are powers, but not a duty, to provide housing assistance to homeless families with children in need, when they have no further entitlement, or eligibility for assistance under the homelessness legislation, for example if they have been found to be intentionally homeless. The wider cost of homelessness, both financially and for the use of wider resources, therefore straddles several departments within the local authority.

## 5.5 Domestic abuse safe houses

The Domestic Abuse Act (2021) places a statutory duty on unitary authorities, such as Torbay to provide support to victims of domestic abuse and their children within safe, appropriate accommodation. Under the legislation, temporary accommodation, such as homelessness hostels, hotels and bed and breakfast accommodation are not considered appropriate.

The Torbay Domestic Abuse Safe Accommodation Needs Assessment, undertaken in 2021, highlighted that finding enough appropriate accommodation for victims was a challenge, particularly if one considers that half the number of victims who presented to the local authority as homeless, were families with children. Over half (55%) of the survivors that were surveyed for the needs assessment indicated that domestic abuse created a housing, or accommodation based support need.

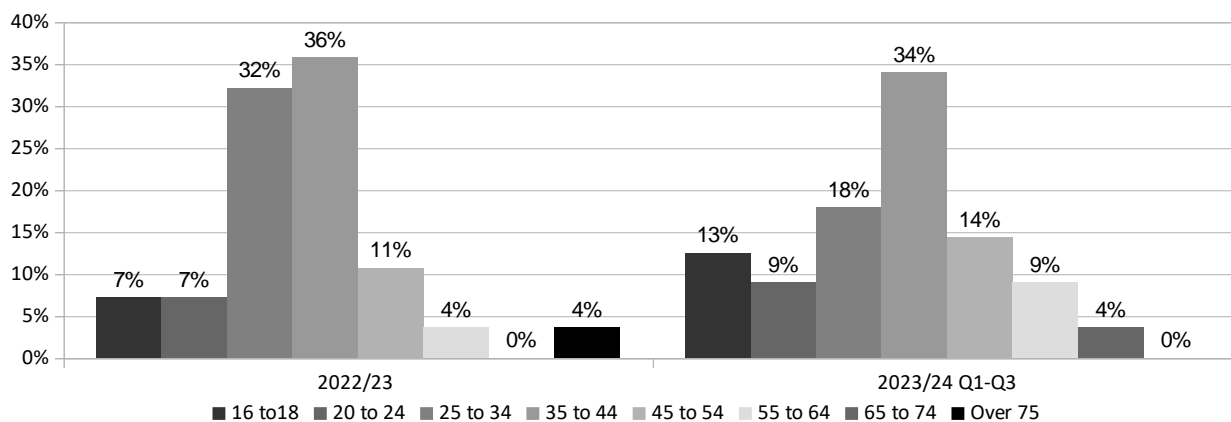
Torbay Council: Domestic Abuse and Sexual Violence Strategy (2023-2030)

Torbay has worked with partners to provide 22 units of dispersed, self-contained units of accommodation as 'safe houses'. Currently, the biggest gap in terms of safe spaces are for those with a disability, with only 1 safe space available having mobility access. It is estimated that a further 3 units will be required.

In 2022/23, 59% of applicants stayed over 13 weeks in the safe houses and 75% stayed for over 6 weeks in the crisis units. In the 9 month period between April a December 2023, 50% of applicants stayed over 13 weeks in the safe houses and 71% stayed for over 6 weeks in the crisis units.

This compares to 21% of households staying for over 13 weeks in 2019/20 when there were only 14 safe house units available. This illustrates, that despite having more accommodation, move on still remains a significant challenge.

### 5.16 Age range of those entering safe accommodation, Torbay



Source: Torbay Children’s Services (3.40)

In 2022/23 there were 28 households in safe accommodation. Already, 3 quarters into 2023/24, that number has doubled to 56. Each year women making up 89% of those living in safe accommodation, with 11% male in 2022/23 and 9% male and 2% transgender in 2023/24.

In 2022/23 there were 35 children living in safe accommodation, 29% 0 to 5 years, 37% 6 to 10 years and 34% 11 to 15 years.

In 2023/24 there were 34 children living in safe accommodation, 44% 0 to 5 years, 35% 6 to 10 years and 21% 11 to 15 years.

By far the largest age groups in safe accommodation are people aged 20 to 24 and those aged 35 to 44, with a pronounced decline in the former in 2023/24.

## 5.6 Hostel provision

Currently The Leonard Stocks Centre is Torbay’s only purpose-built, short term homeless shelter that is equipped to tackle rough sleeping and provide rehabilitation for people with multiple complex needs, such as substance and alcohol misuse. The 29 bed facility provides access to a GP surgery and other support services and now forms part of a wider alliance including drug and alcohol services and support for those who have experienced domestic abuse.

Since Torbay Council took over the management in 2023, there has been a demonstrable improvement in the ‘move-on’ of clients in to more settled accommodation. For example, in February 2023 the average stay of tenants as, on average 506 days (72 weeks), which has reduced to an average stay of 178 days (25 weeks) in December 2023.

The aspiration is to further reduce the average length of stay to 90 days (13 weeks). This will increase the move-on of clients into more appropriate accommodation and services, freeing up space for those in need of more acute assistance, who maybe sleeping rough, or fleeing domestic abuse.

## 5.7 Summary

Typically, low income families struggle to afford to live in private rented accommodation, where they are likely to spend around 35% of their household income, including benefits, on housing costs. Recent private rental increases are now, on average, £350 above the local housing allowance per calendar month, increasing for larger properties. Costs have pushed private rented accommodation beyond the reach of people on low-incomes, particularly families. This makes the Council's Housing Team's task of finding affordable accommodation more challenging when undertaking their housing duties.

In Torbay, over the 12-month period between August 2022 to August 2023 there were only two, four bedroom properties advertised via the Housing Register. As a consequence larger households with children in 'temporary' accommodation are waiting a significant amount of time to access social housing, or waiting for larger more affordable home in the private rented sector.

In 2022/23, 416 households were provided temporary accommodation, with 55.7% single households, 3.6% couples and 40.6% families with children. At times throughout the year the percentage of families accommodated can exceed 50%.

on average, families spent 23 weeks in temporary accommodation, whereas single households spent 16 weeks and couples 20 weeks. This has a significant impact on child development and negatively impacts family life, as families experience a prolonged detachment from their local communities, away from friends, family, schools and social networks.

Significant progress made by the Housing Needs Team, which has meant that, during 2022/23, the overall duration of stay in B&B has rapidly diminished to 9 weeks for singles, 7 weeks for couples and only 2 weeks for families. The latter figure being within the Government stipulation of accommodating children in B&B for under six weeks. In fact, more recently, the use of bed and breakfast accommodation has now almost been eliminated for families.

# 6 Appropriate support

Since 2018, the Housing Needs Team has significantly grown from 12 officers to a team of 40. This has been in response to the increased duties introduced by the Homelessness Reduction Act (2017) and rising homeless demand over recent years. The Team responds to requests for housing assistance, but also presides over Torbay’s temporary accommodation, its management, its sourcing and also seeking sustained accommodation provision by building and maintaining trusted relationships with landlords.

Recently, there has been a significant development in our efforts to prevent homelessness. The Initial Assessment Officers are the front door to the service and aim to prevent homelessness at the first point of contact, giving quality advice that helps clients to self-serve. Many people can resolve their own situation with basic support from the Service. Those who require higher levels of assistance, or where efforts to prevent homelessness on the same day have failed, are then allocated to a Housing Needs Officer.

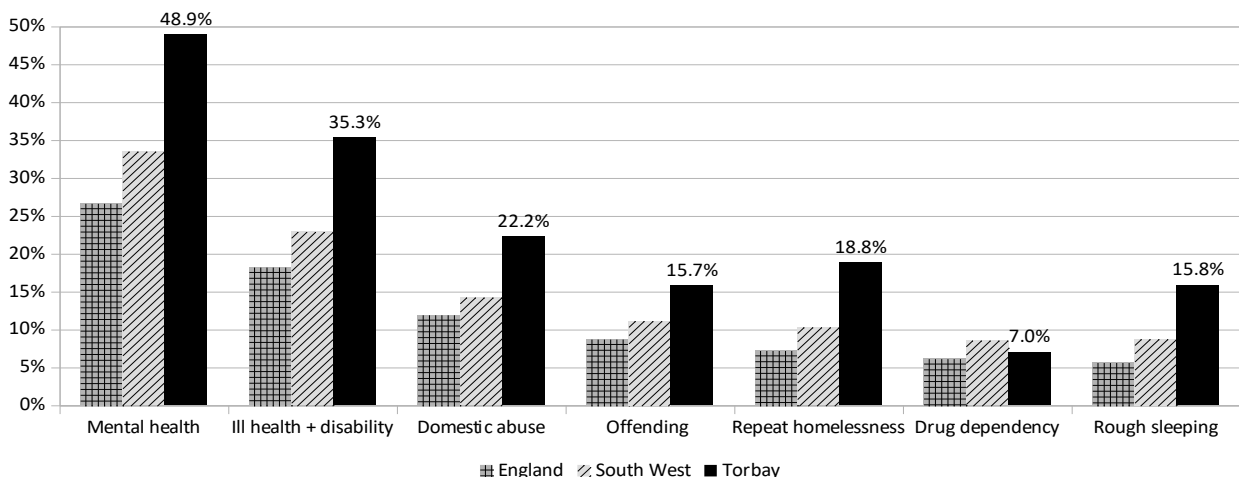
Homelessness is becoming increasingly complex and accommodation is often not the only requirement needed by households applying for assistance. Homelessness data (H CLIC) shows that across England, homeless households have a multitude of support needs.

## 6.1 support needs for households owed a duty

The main ‘support need’ for households owed a duty in Torbay was for a ‘history of mental health problems’. This has been a prevailing issue for a number of years, with, on average 47% of households saying they needed support. This is almost double reported for England (25%) and way above that of the South West (33%).

Similarly, the second main support need for households owed a duty in Torbay was for ‘physical ill health and disability’. Again this has been prevalent for a number of years, with, on average 32% of households requesting support, rising to 35% more recently. Again, this is twice the national average (16%) and greater than that of the South West (21%).

### 6.01 Main support needs for households owed a prevention, or relief duty, 2022/23



[GOV.UK: Latest data tables on homelessness \(4.01\)](#)



The third main support need for households owed a duty in Torbay was for the ‘risk or experience domestic abuse’. Although, this is stable nationally at 11% and regionally at 13%, on average it has been high in Torbay at 14%, rising sharply last year to 22%, twice that of the national average.

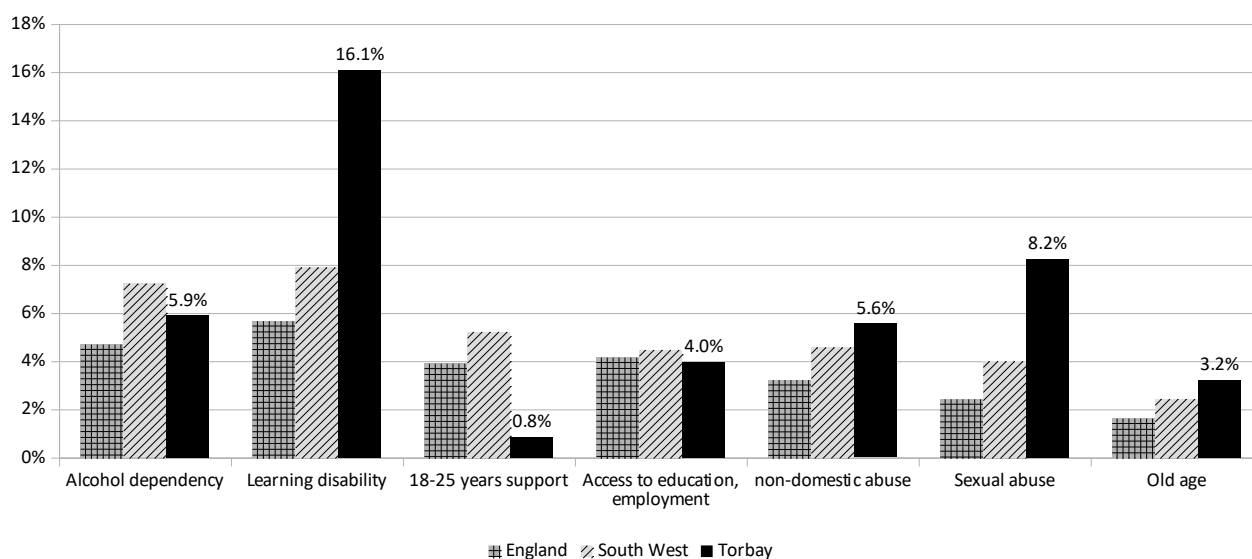
The fourth main support need for households owed a duty in Torbay was for the ‘history of repeat homelessness’. Again, this is stable nationally at 7% and regionally at 11%, on average it has been high in Torbay at 15%, rising over recent years to 19%, over twice that of the national average and significantly greater than that of the South West.

The fifth main support need for households owed a duty in Torbay was for ‘history of rough sleeping’. Again, stable nationally at 6% and regionally at 10%, on average it has been high in Torbay at 13%, rising sharply last year to 16%, over twice that of the national average and significantly over the South West average. Women rough sleep rough tend to experience higher levels of both domestic abuse and sexual violence, making them a particularly high risk group, having additional vulnerabilities on top of those associated with rough sleeping. Visibility and knowing where women are rough sleeping enables a degree of monitoring for safety. Moving women in relationships on from various locations potentially increases their risk and places further from support and assistance.

The sixth main support need for households owed a duty in Torbay was for ‘offending history’. Although, this is stable nationally at 9% and regionally at 11%, on average it has been high in Torbay at 13%, rising sharply last year to 16%, a 64% rise since 2019/20, to almost twice that of the national average.

The Prison Navigator post is a new post funded from the Rough Sleeper Initiative and aims to ensure that ex-offenders have somewhere to go when they are released from prison. This is proven to reduce rough sleeping and re-offending.

## 6.02 Secondary support needs for households owed a prevention, or relief duty, 2022/23



[GOV.UK: Latest data tables on homelessness \(4.02\)](#)

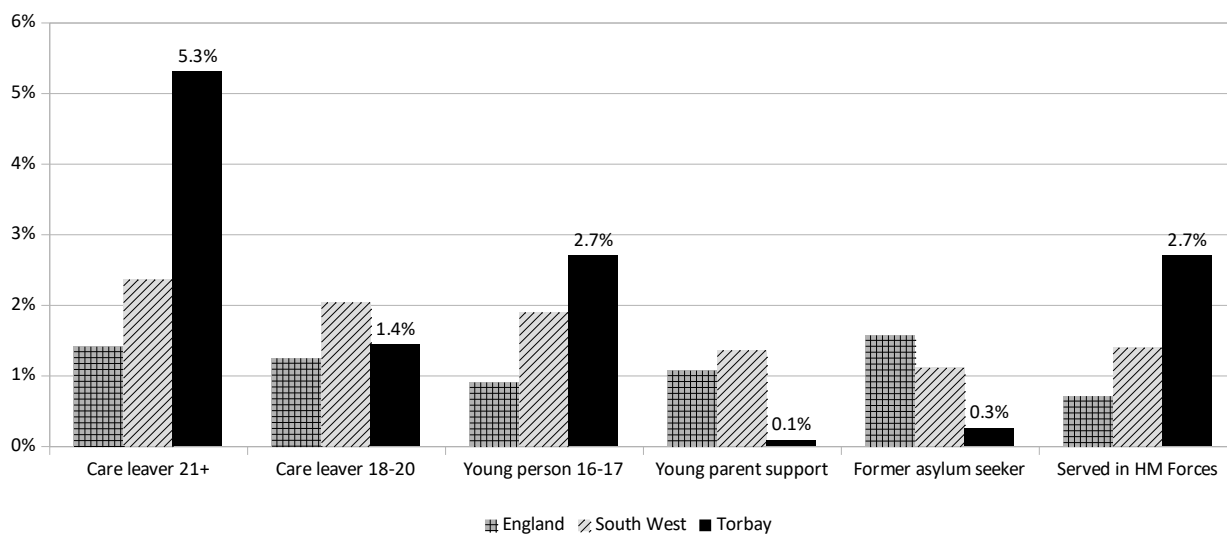
The seventh main support need for households owed a duty in Torbay was for a 'learning disability'. Although, this is stable nationally at 5% and has grown incrementally in the South West to 7%, on average it has been high in Torbay at 13%, doubling from 2019/20 to 16% last year, twice that of the national and regional figures.

The eighth main support need for households owed a duty in Torbay was for people 'at risk of, or has experienced sexual abuse, and/or exploitation'. Although growing incrementally at a nation and regional level to 2% and 4%, respectively, on average it has been high in Torbay at 5%, rising sharply last year to 8%, over twice that of the national average and significantly over the South West average.

Torbay also has higher than usual support needs for households owed a duty for 'Care leavers aged over 21', 'young people aged 16-17, and people who have 'served in HM Forces'. Although numbers are relatively low, we need to be mindful of their support need, as they are all over twice the level of the national and regional average.

The Early Help Housing Officer works across Housing Needs and Children's Social Care to provide early support to families that have a housing issue. This post has proven very successful, having prevented numerous complex families from becoming homeless and the cost shunting from housing to children's services and their 's17 budget'. Support therefore, often needs to be provided across a variety of services to assist households.

### 6.03 Tertiary support needs for households owed a prevention, or relief duty, 2022/23



[GOV.UK: Latest data tables on homelessness \(4.03\)](#)

Currently, 100% of people in the hostel are struggling with mental health issues and/or addiction. Whilst there is an excellent offer of support, there is a lack of supported accommodation available to help them transition back into independent living. The length of time people are in both temporary accommodation and hostel accommodation, means that people are can potentially deteriorate and become institutionalised.

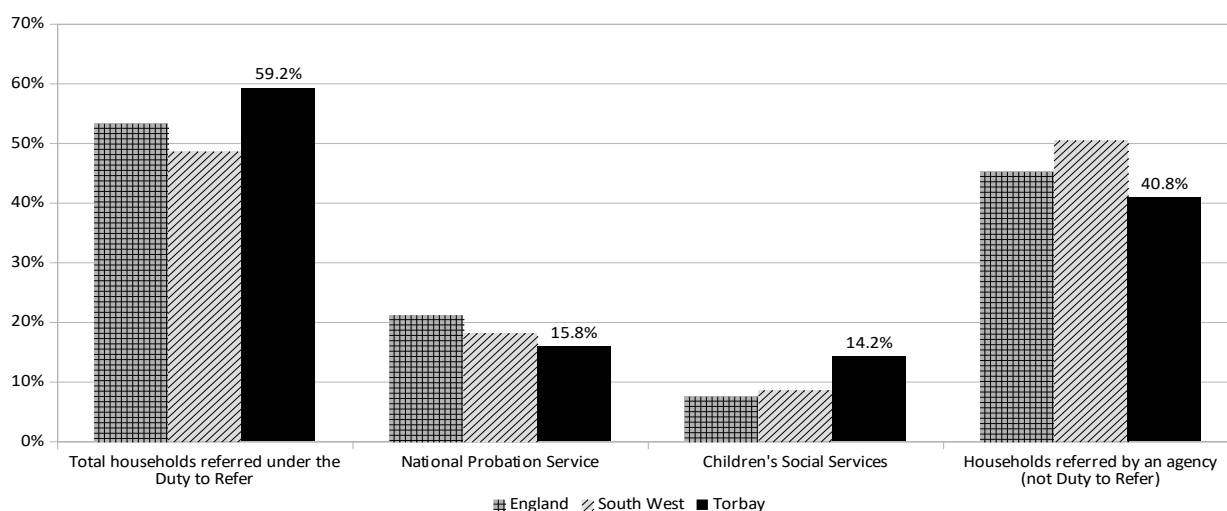
'Growing Together Torbay', previously called the 'Complex Needs Alliance', brings together a number of homelessness support services, namely: drug and alcohol, domestic and sexual

violence, and homeless hostel services. There is now the prospect to develop a strategic approach to the co-ordination and optimisation of resources. This will increase efficiency and deliver integrated support to those most in need., which in turn will benefit both the individuals and the wider community. The Alliance can also work together towards ensuring its services are flexibly accessible to groups, such as rough sleepers, for whom services historically fail to engage productively.

## 6.2 Referrals, including the Duty to Refer

The Homelessness Reduction Act 2017 significantly reformed England’s homelessness legislation by placing duties on local housing authorities to intervene at earlier stages to prevent homelessness. The Act introduced a duty on public authorities to refer service users who they think may be homeless or threatened with homelessness to local authority housing needs teams.

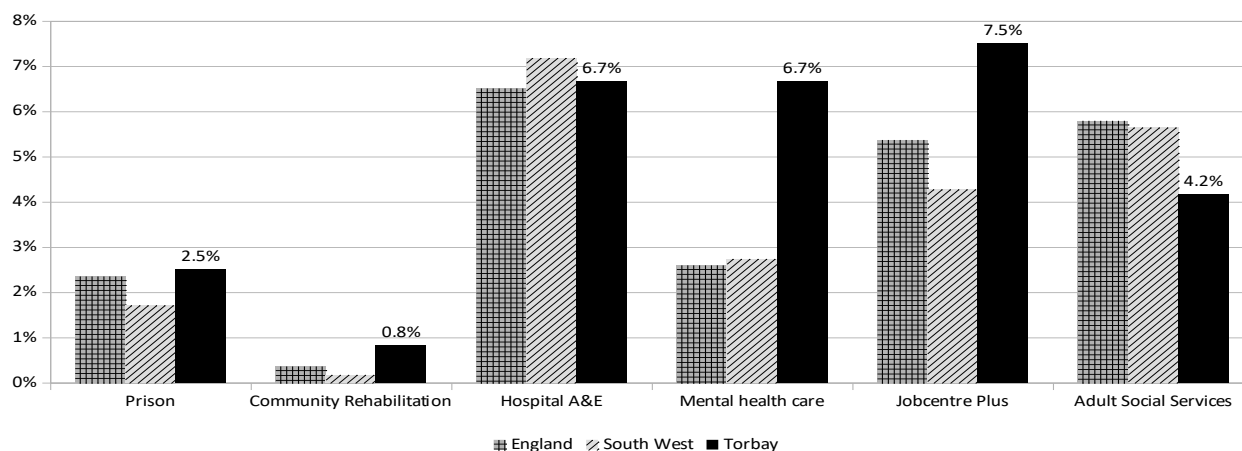
### 6.04 Main referrals for assessed households, including Duty to Refer, 2022/23



[GOV.UK: Latest data tables on homelessness \(4.04\)](#)

The duty to refer helps to ensure that services are working together effectively to prevent homelessness by considering peoples’ housing needs when they come into contact with public authorities.

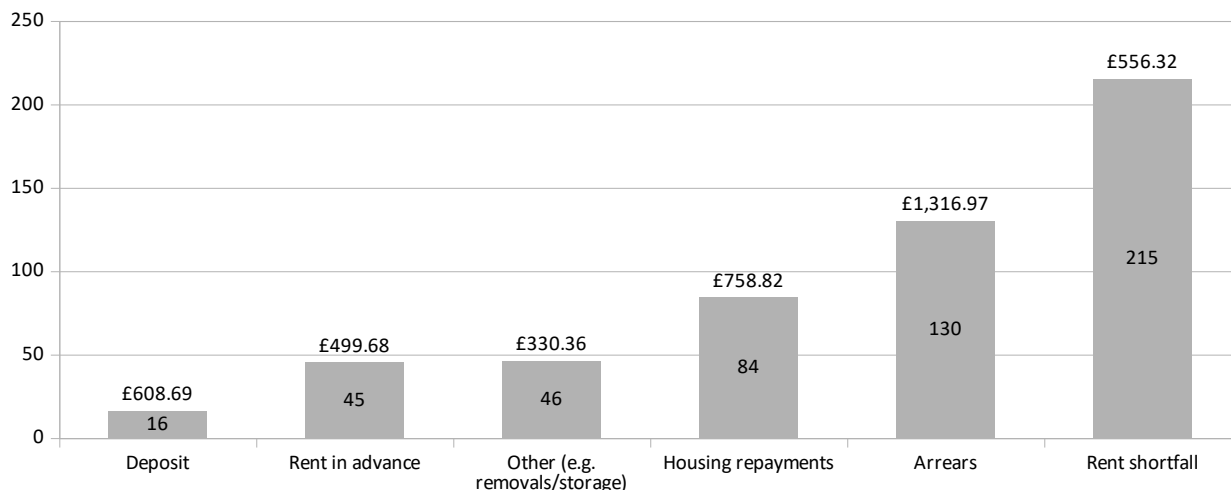
### 6.05 Secondary referrals for assessed households, including Duty to Refer, 2022/23



[GOV.UK: Latest data tables on homelessness \(4.05\)](#)

Financial support is also required to maintain accommodation. Discretionary Housing Payments (DHP) are provided through a government grant to the local authority. Funding has reduced nationally with Torbay receiving £314,000 in 2023/24, with an additional £300,000 allocated to support this fund. There has been a significant increase in the number of households seeking financial assistance to address the shortfall between their rent and what they can afford.

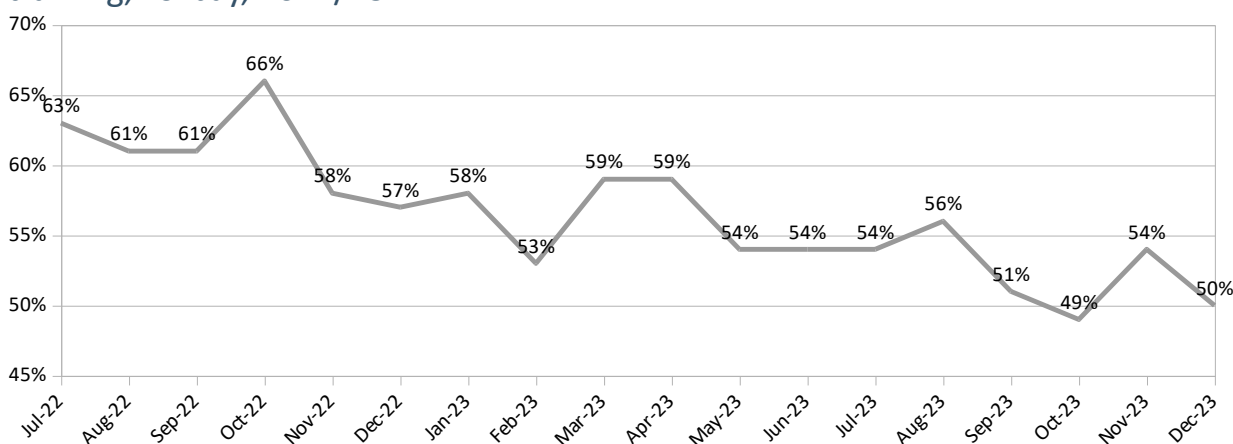
### 6.06 Number of discretionary housing payments and average spend per applicant, Torbay 2022/23



Source: Torbay Housing Needs Service (4.06)

Further financial support is provided through Torbay’s Housing Needs Service to facilitate the prevention of homelessness, often by obtaining accommodation, otherwise unaffordable to those on low incomes. In 2023/24 it is predicted that £350,000 will be spent to provide this type of support through the Housing Needs Team. Assistance is also provided by Children’s Services, who pay for the provision of temporary accommodation.

### 6.07 % of former cared for children now aged 19 to 21, in employment, education, or training, Torbay, 2022/23

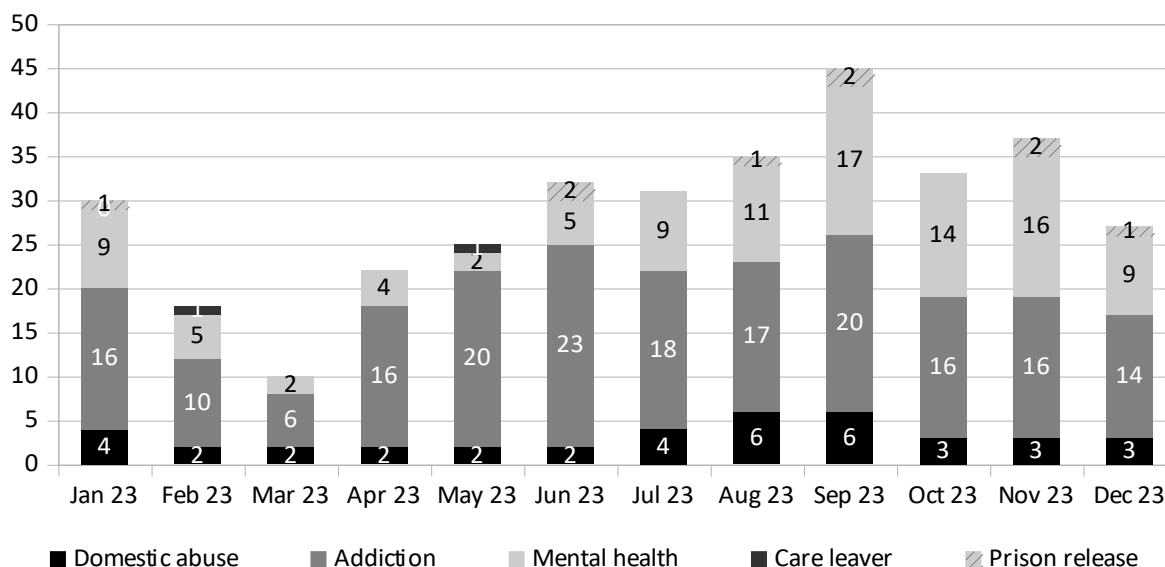


Source: Torbay Children’s Services (3.23)

The percentage of care-experienced young people who are in EET is affected by the economy, this figure continues to remain a concern and has not increased as we would have hoped. We are

reviewing our delivery model to support pupils back to school which may result in an increase but this will need continued monitoring.

### 6.08 Competing needs of those rough sleeping, Torbay, 2023



Source: Torbay Housing Needs Service (1.84)

The background and support needs of rough sleepers is a complex picture. Torbay’s rough sleepers frequently exhibit alcohol and drug addiction and substance misuse. It has been evidenced that people experiencing various forms of homelessness have higher mortality rates than the average population, with average age of deaths for rough sleepers being in the mid to late 40s (nationally).

In 2021, 17 people known to the Housing Needs Service were known to have died, who were mainly between 30 and 40 years old. For those where circumstances of death were known, substance use was prevalent, but was not necessarily the cause of death.

## 6.3 Summary

Since 2018, the Housing Needs Team has significantly grown from 12 officers to a team of 40. This has been in response to the increased duties introduced by the Homelessness Reduction Act (2017) and rising homeless demand over recent years. Homelessness is becoming increasingly complex and accommodation is often not the only requirement needed by households applying for assistance. Homelessness data shows that in Torbay, homeless households have a multitude of support needs.

The main support need for households owed a duty in Torbay was for a ‘history of mental health problems’. This has been a prevailing issue for a number of years, with, on average 47% of households saying they needed support. This is almost double reported for England (25%) and way above that of the South West (33%).

Similarly, the second main support need for households owed a duty in Torbay was for ‘physical ill health and disability’. Again this has been prevalent for a number of years, with, on average 32% of households requesting support, rising to 35% more recently. Again, this is twice the nation average (16%) and greater than that of the South West (21%).

Other support needs for households owed a duty in Torbay was for 'domestic abuse', which, on average it has been high in Torbay at 14%, rising sharply last year to 22%, twice that of the national average. The 'history of repeat homelessness' has been high in Torbay at 13%, rising over recent years to 16%, over twice that of the national average (6%) and significantly greater than that of the South West average (9%).

People owed a duty for a 'history of rough sleeping' has also been high in Torbay at 16%, rising sharply last year to 18%, over twice that of the national average and significantly over the South West average. Women rough sleep rough tend to experience higher levels of both domestic abuse and sexual violence, making them a particularly high risk group, having additional vulnerabilities on top of those associated with rough sleeping.

For those people who approach our service for help when threatened with homelessness, our primary focus is upon helping them to remain in their own home, provided that it is safe and suitable for them to do so.

There are a number of services available to help people remain in their homes, including: financial and debt advice; work with landlords and lettings agents; mediation with family and friends with whom the person at risk is living; a tenancy sustainment approach to support both private and social housing tenants; partnership work to tackle antisocial behaviour, harassment and domestic abuse; and taking a trauma informed approach to supporting those with complex needs.

The background and support needs of rough sleepers is a complex picture. Torbay's rough sleepers frequently exhibit alcohol and drug addiction and substance misuse. It has been evidenced that people experiencing various forms of homelessness have higher mortality rates than the average population, with average age of deaths for rough sleepers being in the mid to late 40s (nationally).

# 7 Appendix 1

## 7.1 Table reference

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4. GOV.UK: Local authority housing data
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6. LG Inform
7. LGA: The impact of homelessness on health
8. MHCLG: Homelessness Case Level Information Collection (HCLIC)
9. Nomis: official census and labour market statistics
10. Office for National Statistics
11. Shelter: homelessness in England
12. Torbay Domestic Abuse and Sexual Violence Strategy 2023 to 2030
13. Torbay Housing Strategy 2023 to 2030
14. Torbay Housing Strategy Evidence Base 2023
15. Torbay Joint Strategic Needs Assessment 2023/24



# 10 Contact details and alternative versions

If you need this information in another format, please contact us.

Email: [housing@torbay.gov.uk](mailto:housing@torbay.gov.uk)

Web: [www.torbay.gov.uk/housing](http://www.torbay.gov.uk/housing)

Tel: 01803 201201

For emergencies out of hours: 0300 456 4876.

[www.facebook.com/torbaycouncil](https://www.facebook.com/torbaycouncil)

[www.twitter.com/Torbay\\_council](https://www.twitter.com/Torbay_council)

If you have seen someone sleeping rough and want to connect them with support services, please use StreetLink, it alerts local outreach teams to reach people they haven't seen before.

[www.streetlink.org.uk](http://www.streetlink.org.uk)

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## Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
11/04/24	34	Torbay and South Devon NHS Foundation Trust be requested to provide further updates on progress of the delivery of the capital programme and re-design of the hospital to include regular provision of a dashboard document to enable interim progress to be tracked.	Completed – entered on work programme for 2024/25. Dashboard awaited for circulation.
11/04/24	34	Torbay and South Devon NHS Foundation Trust be requested to provide an update as to progress in delivery of the new diagnostic centre in Market Street, Torquay together with opening dates.	Completed – update circulated to Members on 2 May 2024.
11/04/24	34	<p>(Item: Torbay Hospital – delivery of capital programme and re-design of the hospital)</p> <p>The Cabinet Member for Adult and Community Services, Public Health and Inequalities be requested to write to the Health and Social Care Minister for confirmation as to when the next tranche of funding will be released; making the case for increased revenue and capital funding for the Hospital in future; highlighting the structural issues with the current Hospital estate buildings and the subsequent maintenance cost and highlighting the results of the recent Care Quality Commission report and the challenges identified.</p>	Update awaited.

## Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

11/04/24	35	The Director of Adult and Community Services be requested to provide further updates regarding contract management improvements in Adult Social Care.	Completed – entered on work programme for 2024/25.
11/04/24	35	The Director of Adult and Community Services be requested to provide further updates on progress with the Case Management Recording IT system replacement procurement.	Completed – entered on work programme for 2024/25
14/03/24	31	That the Cabinet be recommended to support the co-production of the wider Dementia Strategy with specific interest in ensuring that Torbay residents can easily access information, advice and support through a joint organisational approach.	Completed – included on Cabinet Agenda for meeting 14 May: <a href="https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public%20reports%20pack%20Tuesday%2014-May-2024%2017.30%20Cabinet.pdf?T=10">https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public reports pack Tuesday 14-May-2024 17.30 Cabinet.pdf?T=10</a>
14/03/24	31	That the Cabinet be recommended to request the Cabinet Member for Adult and Community Services, Public Health and Inequalities to write to the Secretary of State for Health and Social Care and the Chair of the Integrated Care System for Devon to highlight the need for advanced dementia care which is innovative and which can provide efficient services for Torbay, being a coastal resort with an ageing population facing an increase in significant bed shortages particularly for those living with dementia.	Completed – included on Cabinet Agenda for meeting 14 May: <a href="https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public%20reports%20pack%20Tuesday%2014-May-2024%2017.30%20Cabinet.pdf?T=10">https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public reports pack Tuesday 14-May-2024 17.30 Cabinet.pdf?T=10</a>

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14/03/24	31	That the Cabinet be recommended to request that the Director of Adult and Community Services scope what access to training exists across the Voluntary Sector, Carers and domiciliary care agencies and explores with Torbay and South Devon NHS Trust provision of wider access to online portal training for dementia awareness and support.	Completed – included on Cabinet Agenda for meeting 14 May: <a href="https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public%20reports%20pack%20Tuesday%2014-May-2024%2017.30%20Cabinet.pdf?T=10">https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public reports pack Tuesday 14-May-2024 17.30 Cabinet.pdf?T=10</a>
14/03/24	31	That the Cabinet be recommended to request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer’s Society on the Council’s webpage.	Completed – included on Cabinet Agenda for meeting 14 May: <a href="https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public%20reports%20pack%20Tuesday%2014-May-2024%2017.30%20Cabinet.pdf?T=10">https://www.torbay.gov.uk/DemocraticServices/documents/g24510/Public reports pack Tuesday 14-May-2024 17.30 Cabinet.pdf?T=10</a>
18/01/24	27	That the Director of Adult and Community Services be requested to ensure that the ICO reviews the approach to Finance and Benefits assessments, ensuring that people and their relatives have access to information and support.	Completed – Director of Adult and Community Services confirms that a review is being discussed.
18/01/24	27	That the Director of Adult and Community Services be requested to review the joint approach with the Integrated Care Organisation (ICO) to provide care homes with information and advice.	Completed – Director of Adult and Community Services confirms that there is a comprehensive advice and support system in place.
18/01/24	26	That the Director of Adult and Community Services be requested to encourage the CQC inspector to engage with the Voluntary, Community and Social Enterprise Sector.	Director of Adult and Community Services will action when inspection date is known.

## Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

23/11/23	18	<p>That the ICB and Director of Public Health, and Director Adult and Community Services, Torbay Council explore and deliver joint communications to raise awareness of and promote access to dental provision, how to maintain good oral health and what to do if urgent dental care is required within Torbay.</p>	<p>Director of Adult and Community Services and Director of Public Health actioning.</p> <p>Completed - Director of Public Health advises that ICB communication on what to do if in dental pain, how to access emergency care and how to access the NHS Dental waiting list has been sent internally and to partner agencies. A wider communications campaign, including public facing and workforce updates have been put on hold to align with the wider communication plan for the national Dental Recovery Plan due summer 2024. This may be delayed due to general election.</p>
23/11/23	18	<p>That the ICB and Director of Public Health and Director Adult and Community Services explore additional funding opportunities for mitigating oral health initiatives in Torbay.</p>	<p>Director of Adult and Community Services and Director of Public Health actioning.</p> <p>Completed - The Director of Public Health advises that on 5 June 2024, the ICB agreed to use Devon dental underspend (UDA) to fund a suite of mitigating oral health activity for CYP in Devon (including Torbay) to address the current levels of caries and extractions. This funding equates to approximately £900,000 PA on a 5 year contract to cover extended Supervised Toothbrushing, a new Fluoride Varnishing scheme and extending Open Wide Step Inside. Procurement arrangements are currently in negotiation. This presents a significant investment, with the process started through Overview and Scrutiny.</p>

## Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

17/08/23	3	<p>Draft Strategy for Adult Social Care in Torbay</p> <p>Information concerning a website based approach for accessing care be provided to local MP's officers and other information offices within Torbay.</p>	<p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>Communications Team will start to work towards an awareness campaign from early September.</p> <p>Further update awaited.</p>
17/08/23	3	<p>Draft Strategy for Adult Social Care in Torbay</p> <p>A briefing note is circulated to all Councillors with information concerning the website based approach for accessing care.</p>	<p>Director of Adults and Community Services to action.</p> <p>The timing of this needs to align with completion of the work on developing the Torbay Council website. Expectation that the work will be completed by the end of March 2024. A lot of improvements have already been made including incorporating feedback from users and exploring ways to make the website more accessible to people.</p> <p>Further update awaited.</p>
17/08/23	3	<p>Draft Strategy for Adult Social Care in Torbay</p> <p>The Head of Policy, Performance and Community Engagement is instructed to publicise information about the approach to accessing care to inform wider communities.</p>	<p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>Communications Team will start to work towards an awareness raising campaign from early September.</p> <p>Further update awaited.</p>

## Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

17/08/23	4	The Director of Adults and Community Services provides an exempt report on the options appraisal and when it will be implemented to a future Adult Social Care and Health Overview and Scrutiny Sub Board.	Added to the work programme as a future item - "Case management record replacement system".  Director of Adults and Community Services to advise when update available.
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