

Minutes

Community Service Scrutiny Panel

11th December, 2007

Present: Councillors Howarth (in the Chair) Laverick and Young.

Also Present: Councillor Thomson – Portfolio Holder for Communities,
Ms Catherine Bleasdale – Durham Primary Care Trust
Mr Malcolm Elsbury – Durham County Council

1. Apologies for Absence

Apologies for Absence were received from Councillors Crooks, Lightley, Mavin, Moderate, Robinson, Smith and Walton.

2. Minutes

The Minutes of the meeting held on 7th November, 2007 were confirmed as a correct record.

3. Review of Scrutiny of Homelessness

Presentations were given by Catherine Bleasdale from Durham Primary Care Trust and Malcolm Elsbury from Durham County Council.

Ms Bleasdale gave an overview of problems encountered by people who experience mental health issues. Mental health issues impact on housing but housing also affects those with mental health problems. A copy of Mental Health and Housing fact sheet 6 can be found at Appendix A.

The Panel were also advised that many of the people who suffer with mental health problems do not have the confidence to refuse or challenge accommodation locations, thus making their situations worse.

The PCT wishes to encourage multi-agency working, more agencies are being put in place giving vulnerable people additional support and confidence to seek help, where needed and the help being easily assessable. Services and improvements are being targeted in this area. Another key area of improvement is in the area of equalities and discrimination.

Mr Elsbury had prepared a report answering questions from the panel which had been sent to him via email, a copy of this report can be found at appendix B to the minutes.

Mr. Elsbury advised the panel that a closer liaison and understanding were required of partners roles, individuals were helpful but organisational policies made it difficult for people with mental health problems.

Members asked if agencies were moving away from the Day Centres, but were informed that the day centre still has a place and does a very good job in society.

The Chair and panel Members thanked Ms. Bleasdale and Mr. Elsbury for their very informative and useful presentation, copies of the fact sheets will be sent to Senior Housing Officers.

4. Draft Report – Review of the Scrutiny of Council House Repairs

The Panel approved that the Review of the Scrutiny of Council House Repairs and agreed that be sent to the next Scrutiny Committee for consideration.

5. Scrutiny of Gypsy and Traveller Unauthorised Encampments

The Panel discussed the scoping of the scrutiny prior to its commencement in January 2008. The scrutiny will look at problems surrounding unauthorised encampments of gypsies and travellers and will invite representatives from Durham County Council, the Police, the Travellers and Communities who have experienced problems.

6. Any Other Business

There was no other business the Panel wished to discuss.

Meeting terminated at 6.30 p.m.



Mental Health and Housing

"Mental health problems can lead to rent arrears which can lead to a cycle of decline and hopelessness leading eventually to homelessness. Caught early these problems are extremely easy to sort out. Caught late, they can be devastating."

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, those involved in providing housing, housing-related services or advice.

Key facts

- Over four out of five people with severe mental health problems live in mainstream housing, with the rest living in supported housing or other specialist accommodation. Half of those with their own home or tenancy live alone.



- Many people with mental health problems feel that they are not offered the same choices as other people when seeking a new home, and that they are frequently obliged to take hard to let properties.
- People with mental health problems are one-and-a-half times more likely than the general population to live in rented housing, with higher uncertainty about how long they can remain in their current home.
- Mental health problems are prevalent among homeless people with 30 to 50 per cent of rough sleepers having mental health problems, and as many as one in five homeless people having a mental health problem and a further issue such as substance misuse.

Promoting social inclusion

What can staff in the housing sector do?

- Liaise with Mental Health Trusts so that they are aware of local mental health facilities, and build links with health and social care staff.
- Work with residents and mental health and social care professionals to ensure that tenancies are sustained by providing clear advice on such matters as benefit entitlement, and by ensuring that appropriate support services are put in place, eg advice agencies or occupational therapists.
- Recognise that admission to hospital is not a reason for the person to give up their accommodation, as Housing Benefit and Council Tax Benefit will continue to be paid if someone is in hospital for up to 52 weeks.
- Inform the Housing Benefit department and Benefits Agency when a person is admitted to hospital, if they are unable to do so themselves.
- Draw an agreement up with the tenant that if concern exists about the person's mental health, the housing officer can raise the concerns with the tenant and/or their GP/Community Mental Health Team contact so that they can receive appropriate support before a crisis is reached.
- Support health and social care staff to retain the individual's link to the community and provide support (where required) to the individual on returning to their home.
- Access mental health awareness training to better understand the needs of this client group – many voluntary and statutory organisations are able to facilitate this training. People with experience of mental health problems should be involved in the delivery of the training.

What can professionals in the health and social care sector do?

- Check a person's housing situation when they first access their service, ie hospital, Community Mental Health Team, GP surgery. Staff should work with the person to reduce the risk of losing their home, if the accommodation is appropriate. If the person will be homeless they should be referred to the local housing authority and work with housing services to identify and address their housing and support needs.
- Establish referral protocols with local housing advice agencies.
- Offer informal and formal support to housing staff on mental health issues and housing management.
- Recognise the role that housing staff play in supporting people with mental health problems in the community, and develop collaborative working relationships with them.

What can housing and health professionals do together?

ASSESSMENT AND RESETTLEMENT TEAM, BROMLEY, LONDON

The Assessment and Resettlement Team in the local housing department is responsible for everyone over the age of 16 who is deemed 'vulnerable', including those with mental health problems. The team links health, social care and housing services to ensure that people who are re-housed have the best opportunity to maintain their tenancy. Part of their role is to vet potential properties to ensure that they are suitable and to go with clients to the viewing. All team members specialising in mental health have previously worked in a Community Mental Health Team. In the last year the team has worked with over 400 people.

Contact: Glyn Gunning – on 020 8313 4134 or at - glyn.gunning@bromley.gov.uk

- Organise regular meetings (possibly using the Care Programme Approach (CPA)) between the individual, care co-ordinator and the housing officer to ensure that correct support is identified and that support packages complement each other, eg housing-related support and care services.

- Set up regular meetings/good practice forums between the health and social care services and housing staff to increase understanding of each other's roles, pressures and priorities.
- Establish clear and effective channels for advice and referral for housing services.
- Implement joint training to raise awareness of, increase understanding and deal with mental health problems and housing/support needs.
- Develop systems for collecting and sharing information between services.
- Develop and monitor a shared outcome (between housing and mental health services) on improving mental health support for homeless people or those at risk of homelessness (see *Achieving Positive Shared Outcomes in Health and Homelessness*, Office of the Deputy Prime Minister, 2004).
- Agree joint protocols between services on general and forensic hospital admissions and discharges so that people with a mental health problem who might be homeless or vulnerable to homelessness are identified and their support/housing needs are addressed as part of a planned discharge. (See *Discharge from Hospital: Pathway, Process and Practice*, Department of Health, 2003).
- Appoint a health and housing/homelessness champion to lead joint work in the Primary Care Trust/local authority.

Further information

Primary Care

The majority of people with mental health problems are supported by their GP and by other NHS staff who work in primary care. At this point anyone with a mental health problem needs to:

- have their mental health needs identified and assessed;
- be offered effective treatment, including medication and psychological therapies; and
- be able to access advice on social matters, including housing.

Secondary Care

Care Co-ordination

- If a person is referred to specialist mental health services they will have an allocated **care co-ordinator** whose role is to co-ordinate and have an overview of the different areas of care. This is not just in relation to health services but also to the areas where the individual requires support, such as employment, social networks or housing. The care co-ordinator is based within the local Community Mental Health Team.
- If a person is admitted to **hospital**, in-patient staff should identify any housing or support needs, and they should liaise with the care co-ordinator to ensure that appropriate housing is found and that support structures are in place before the person is discharged.
- A **written care plan**: this will set out the treatment and support to be provided. The care plan should also address the social needs of the person, including housing needs.

Crisis Resolution

- **Crisis Resolution/Home Treatment** teams can respond promptly when someone is in crisis, as this service should be available 24 hours a day, 7 days a week. The twin objectives of the team should be to resolve the crisis and to prevent any unnecessary admission to hospital, therefore preventing potential loss of accommodation. The person's care plan should identify any action to be taken in the event of a crisis, including dealing with any issues concerning accommodation.

Housing

Ensuring appropriate allocations

Housing authorities are under a number of obligations in relation to housing allocations. They must:

- ensure that advice and information are available about the right to make an application for accommodation with assistance for those who need it;
- ensure that applicants are informed of certain rights, for example the right to be informed of any decision about the case and the right to review certain decisions; and

- publish their allocation scheme, including a policy on offering people a choice of accommodation.

The Choice-Based Letting scheme aims to improve the level of choice available to people when taking up local authority housing. Practice differs in local areas, so contact local housing departments to find out their arrangements.

Enabling someone to keep their home

- The **Supporting People** programme funds services that provide housing-related support to vulnerable individuals who need assistance in order to enable them to maintain or improve their ability to live independently. Such support can be provided to individuals either in their own homes or in specialist accommodation, eg sheltered schemes, hostel-type accommodation and shared houses.
- Authorities are also strongly encouraged to ensure that, where relevant, the housing-related support services are provided as part of an integrated package of services. The levels of support offered will vary depending on the needs of the individual and the type of service, and they should be tailored to meet the individual's need through an Individual Support Plan.

Information about the financial support to help people with their housing costs (Housing Benefit, Council Tax Benefit and Community Care Grants) is included in the **Benefits** fact sheet.

Preventing/addressing homelessness

- People who are in housing need or vulnerable to homelessness can apply to a local housing authority for assistance and have their housing needs assessed.
- Housing authorities must ensure that free advice and information on homelessness and preventing homelessness is available to everyone in their area.
- Where an applicant is eligible i.e. unintentionally homeless, in priority need for accommodation (which includes mental health problems), and has a local connection, the housing authority has a duty to ensure that accommodation is available until the applicant finds a settled home or circumstances bring the duty to an end.
- Further information on housing and homelessness can be found at Shelter (see Useful Contacts and Resources below).

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

The Office of the Deputy Prime Minister (ODPM) and the Housing Corporation will identify best practice and will draw up guidance for local authorities and registered social landlords on preventing and managing rent arrears that reflects the needs of vulnerable tenants, including people with mental health problems, in mainstream housing.

Good practice guidance on Choice-Based Lettings will address how vulnerable people – including those with mental health problems and from ethnic minorities – can be assisted and supported in making appropriate housing choices. ODPM will consider the need to issue further guidance on appropriate allocations when the current National Institute for Mental Health in England/Housing Corporation research reports in summer 2004.

In revising the Code of Guidance on Homelessness, ODPM will ensure that it reflects homelessness and mental health issues.

ODPM will work with the Chartered Institute of Housing to ensure that mental health awareness is fully reflected in mainstream education and in training for housing professionals.

Research will be commissioned to develop practical ways to access mental health services for people who are homeless or in temporary accommodation. (Department of Health research to report in 2005.)

Draft Contact and Resources

The Office of the Deputy Prime Minister Code of Guidance establishes the framework in which local authorities carry out their duties and allocate properties. It also contains details of consultation papers, the Government's press releases and Decent Homes (www.housing.odpm.gov.uk).

For a range of information and publications on homelessness, see www.homelessness.odpm.gov.uk

Choice-Based Letting – contact your local authority's Housing Department for more information on this new scheme as practice differs within each locality.

For information on Supporting People see www.spkweb.org.uk

Shelter helps people find and keep a home, and they provide advice and information for housing professionals. Their web-site is www.shelter.org.uk and they also have a helpline, *ShelterLine*, on 0808 800 4444. Shelter's Homelessness Act web-site is aimed primarily at local authorities and focuses on the practical issues following the implementation of the Homelessness Act 2002 (see www.HomelessnessAct.org.uk).

Information and policy advice for the housing and support sector can be found at www.sitra.org

For advice on funding see the Housing Corporation's web-site at: www.housingcorp.gov.uk/

The Citizens Advice Bureau web-site provides advice on a range of topics. (www.adviceguide.org.uk). Contact details for local Citizens Advice Bureau can be found at www.citizensadvice.org.uk/cabdir.ihtml or in the local phone book. The Citizens Advice Bureau is preparing a National Directory of Citizens Advice Bureau services specifically for people with mental health problems, which is due for publication in autumn 2004.

Revolving Doors have worked in improving access to care and housing for people with mental health issues who have had contact with the criminal justice system (www.revolving-doors.co.uk).

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

www.socialexclusion.gov.uk

Tel: 020 7944 5550 Orderline: 0870 1226 236

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OUTLINE OF REPORT TO DURHAM CITY SCRUTINY COMMITTEE – DECEMBER 2007

Q.1 - The approximate numbers of people with psychiatric problems who present as homeless, in Durham, if such figures are available;

- Between April 2002 and March 2007, 231 people have indicated mental health as a reason contributing to their circumstances.
- 47 out of these 231 asked for help with their mental health, with an additional 62 asking for help with emotional support

The number of people in need across the County because of a mental health issue increased dramatically between 2004/05 and 2005/06 to 97.

In 2006/07 the number of people indicating mental health as a reason decreased from 97 in the previous year to 93.

The three districts with most prevalent occurrence of mental health as a reason contributing to housing need are

- Derwentside having seen at or about 35 for each of the last two years,
- Durham city, 22 in the last year
- Easington, having seen between 15 and 20 for each of the last two years

Chester-le-Street, Derwentside and Durham City have seen increases in the proportion of people indicating mental health in the last financial year compared to 2005/06.

- On average amongst all people who indicate mental health as a reason, 41% are female and 59% are male.

Q.2 - What age range is most affected?

A year ago the most prevalent age group for people indicating mental health was amongst those aged 26–50, this number decreased in 2006/07, whilst the number amongst people aged 18-25 has increased year on year for the last five years.

Q.3 - What are the nature of the problems?

A fairly consistent 30% of people who indicated mental health are **unable to get on with their parents**, compared to a decreasing proportion of people who haven't indicated mental health as a reason for their need.

The proportions who **can't get on with other family members** has increased over the last three years from at or about 5% to approaching 25% in the last financial year.

Other most noticeable increases between the last financial year and the preceding year are seen in **fleeing domestic violence, harassment, unhappy with the area lived in and unsuitable accommodation**, with the later three all having seen increases amongst people with mental health as a reason of at or more than 7%.

Financial reasons and independence have also seen increases amongst people indicating mental health as a reason.

Amongst people indicating mental health, **own drug / alcohol problem** has been indicated as a reason in need by one in ten people over the last three years, compared to an average of 2% of people who have not indicated mental health as a factor contributing to their need.

Q.4- How are they assessed?

- For more seriously ill – through Care Co-ordination within the Community Home Treatment Integrated Teams from Tees, Esk & Wear Valleys NHS Trust (TEWV)
- For less serious – GP assessment
- Service users have to be subject to care coordination to access provider services.
- For the purposes of the figures in this report are self-reporting

Q.5 - What alternative accommodation options are there?

District	Provider	Capacity	Type
Durham City	Stonham	8	Shared living
	Waddington Street	6	Accomm. based
	Waddington Street	4	Floating support
Durham and Chester le Street	Social Care and Health	47	Floating Support

Supporting People - Service Review Findings

Supporting People services are reviewed on a three year cycle. Key review findings for mental health services from 2003-2006 are as follows:

- Reviews covered areas of performance, quality, value for money and strategic relevance;
- All services achieved a satisfactory level of performance on the national Quality Assurance Framework and new contracts will be issued for all providers;
- Service users were interviewed in each review and reported high levels of satisfaction with services;
- Services were found to contribute to reduced readmission rates and overall positive outcomes for service users;
- Where funding was in place from other agencies in addition to Supporting People, evidence indicated that the level of SP funding was appropriate to the level of housing related support provision and there were no significant eligibility issues;
- Where quality issues were identified, these are being addressed on a scheme by scheme basis via a formal action plan;
- In a recent exercise undertaken by the Supporting People Team for the ODPM it was established that out of 200 current service users with mental health problems, 5% were unable to move on from short term services due to lack of suitable move on accommodation.

Q.6 - What are the other relevant issues?

Tackling Stigma & Discrimination - As major employers in many areas, local authorities also have a duty to protect and promote the mental health of their employees.

The Disability Discrimination Acts 1995 and 2005 place a duty on all public bodies, including local authorities, to ensure that they do not discriminate against people with disabilities (including mental health disabilities), to actively promote their inclusion and to consult with people with disabilities on policies and decisions.

Councillors also have a duty to promote the long-term environmental, social and economic well-being of their local area. Good mental health is central to any strategy to promote and improve community well being. ["Mainstreaming mental health – An introduction for Councillors – 2005]

From work during the Day Services Review, Care Coordinators from the Durham Area indicated that Housing was an area of concern in respect of awareness and understanding of housing staff about Mental Health issues, poor standards of housing offered and service user difficulties in coping.

Q.7 - How can local authorities' best assist in alleviating the problems?

The following are extracts from the document ***“Action on Mental Health – A guide to promoting social inclusion”*** published by the Social Exclusion Unit in 2004

Key facts

- Over four out of five people with severe mental health problems live in mainstream housing, with the rest living in supported housing or other specialist accommodation. Half of those with their own home or tenancy live alone.
- Many people with mental health problems feel that they are not offered the same choices as other people when seeking a new home, and that they are frequently obliged to take hard to let properties.
- People with mental health problems are one-and-a-half times more likely than the general population to live in rented housing, with higher uncertainty about how long they can remain in their current home.
- Mental health problems are prevalent among homeless people with 30 to 50 per cent of rough sleepers having mental health problems, and as many as one in five homeless people having a mental health problem and a further issue such as substance misuse.

What can staff in the housing sector do?

- Liaise with Mental Health Trusts so that they are aware of local mental health facilities, and build links with health and social care staff.
- Work with residents and mental health and social care professionals to ensure that tenancies are sustained by providing clear advice on such matters as benefit entitlement, and by ensuring that appropriate support services are put in place, eg advice agencies or occupational therapists.
- Recognise that admission to hospital is not a reason for the person to give up their accommodation, as Housing Benefit and Council Tax Benefit will continue to be paid if someone is in hospital for up to 52 weeks.
- Inform the Housing Benefit department and Benefits Agency when a person is admitted to hospital, if they are unable to do so themselves.
- Draw an agreement up with the tenant that if concern exists about the person's mental health, the housing officer can raise the concerns with the tenant and/or their GP/Community Mental Health Team contact so that they can receive appropriate support before a crisis is reached.
- Support health and social care staff to retain the individual's link to the community and provide support (where required) to the individual on returning to their home.
- Access mental health awareness training to better understand the needs of this client group – many voluntary and statutory organisations are able to facilitate this training. People with experience of mental health problems should be involved in the delivery of the training.

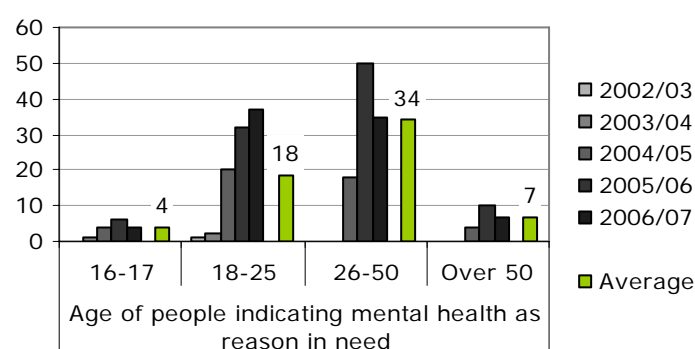
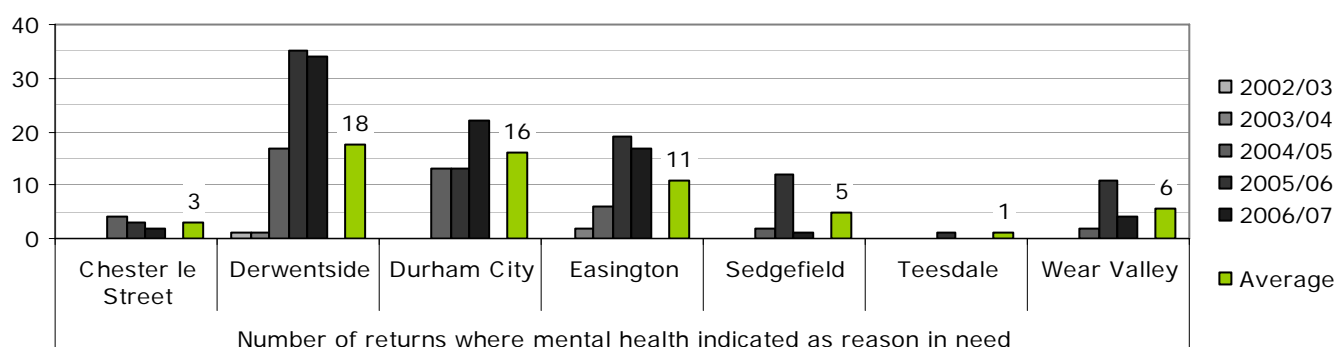
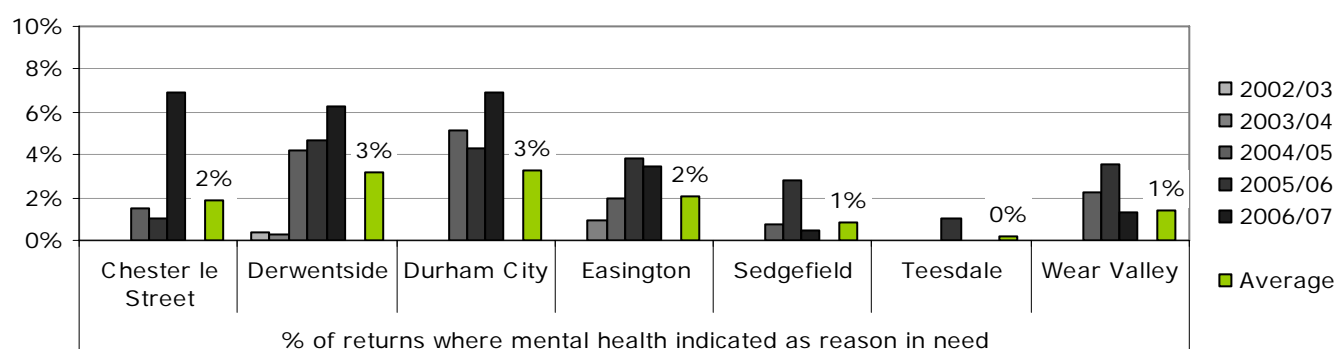
What Can Professionals in The Health and Social Care Sector Do?

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- Establish referral protocols with local housing advice agencies.
- Offer informal and formal support to housing staff on mental health issues and housing management.
- Recognise the role that housing staff play in supporting people with mental health problems in the community, and develop collaborative working relationships with them.

What Can Housing and Health Professionals Do Together?

- Organise regular meetings (possibly using the Care Programme Approach (CPA)) between the individual, care co-ordinator and the housing officer to ensure that correct support is identified and that support packages complement each other, eg housing-related support and care services.
- Set up regular meetings/good practice forums between the health and social care services and housing staff to increase understanding of each other's roles, pressures and priorities.
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- Implement joint training to raise awareness of, increase understanding and deal with mental health problems and housing/support needs.
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- Appoint a health and housing/homelessness champion to lead joint work in the Primary Care Trust/local authority.

CHARTS FROM DRAFT MENTAL HEALTH MONITORING BULLETIN – Centrepont (Oct 2007)



References

- **Draft Mental Health Monitoring Bulletin** – Centrepont (Oct 2007)
- **Report for Mental Health LIT** – Suporting People (May 2006)
- **Action on Mental Health – A guide to promoting social inclusion** (Social Exclusion Unit 2004)

Draft Report of Community Services Scrutiny Panel

Review of Homelessness – Rough Sleeping

1 Overview

- 1.1 The City of Durham's Housing Strategy and Development Manager attended a Panel meeting to speak to Members on the topic of Homelessness, in particular the issue of "Rough Sleeping", within the City of Durham District.
- 1.2 The Panel was informed that the current Homelessness Strategy would be reviewed in July 2008 (subject to Local Government Review).
- 1.3 The Panel was told that work towards securing better links and working relationships with Private Landlords was progressing well, with the formation of a "Private Landlord Forum". Over fifty private Landlords responded to the initial consultation and the Forum held its inaugural meeting in September. It is hoped that after an initial steer by the Housing Strategy and Development Manager Chair the initial three or four meetings that a Chairperson could be elected from the Landlords themselves. This Forum provides a useful platform in which the Council can approach Landlords and speak to them about various Housing issues and to this end there will be guests from the City of Durham at both the October and November meetings of the Forum. In October a representative from the Housing Benefits section will be in attendance, and in November a Rent Officer will speak to the Landlords. Details of the Forum have been made available to the public via articles in Durham City News and the Durham Advertiser.

2 Information Leaflet – Domestic Violence

- 2.1 As regards recommendation (ii) of the Review Report on Homelessness prepared by the Panel in January 2007 (relating to the issuing to all Members of information leaflets on domestic violence), it was felt that due to the limited number available to the City of Durham, it would be best to save them for those that genuinely needed the information.

3 Homelessness Prevention Officer

- 3.1 Recommendation (iii) of the Review Report on Homelessness (January, 2007), stated that the Council aims retain the position of the Homelessness Prevention Officer beyond the date for which it is currently funded (March 2008). A report regarding the restructuring of the Housing Department should be submitted to Cabinet in October 2008, and it is hoped that the post would be made permanent. If so, then the normal recruitment process would be followed. If the post is not established, then it may be possible with some of the Department for Communities and Local Government (DCLG) funding the City of Durham receives to help continue to fund the post beyond the expiry of the fixed term contract.

4 Rough Sleeping

- 4.1 The Rough Sleeping Count is a requirement by statute and a Best Value Performance Indicator (BVPI). The last count for the City of Durham was nil and Members were curious as to this low figure. Whilst this nil result was perhaps unexpected by Members, the result was not a surprise for those organisations that deal with the issues of rough sleepers. It was noted that any result of five persons or less allows for a period of five years in between these counts.
- 4.2 Based on the previous count result, and with the lack of evidence of any particular problem with rough sleepers in the City of Durham area, there was no need to bring forward the next mandatory count. Indeed as the cost of carrying out such a count is approximately £4,000

it was felt by Officers that the next count should be carried out at end of the period permitted.

- 4.3 Members were reminded that the Rough Sleeping Count was conducted over the course of a single night across forty one City Centre sites and some additional sites at Bearpark. Some Members intimated that they thought that the count may not have been taken over a large enough sample period. Members were informed that thorough research had been undertaken prior to the actual Count taking place to record the known and likely places used by those sleeping rough, i.e. liaising with relevant interested groups such as the Salvation Army, Durham Constabulary, Bus Depot staff etc. Also, a prolonged period for the Count, or a larger amount of people conducting the count, could have proved traumatic for anyone who was sleeping rough, damaging any working relationships that had been built up.
- 4.4 The Panel were informed that the topic would be brought up at a upcoming meeting of the Durham Constabulary Consultative Group (DCCG) to ascertain whether the issue of rough sleeping was perceived to be a large problem (further to the aforementioned meeting, it was reported back to the Chair of the Panel that whilst the Police were aware of some individuals that slept rough on occasion, there was not perceived to be a problem in the City of Durham).
- 4.5 The Housing Strategy and Development Manager informed Members that the members of the Homelessness Implementation Group meet on a six weekly basis with four “task groups” that also meet regularly.
- 4.6 The Housing Strategy and Development Manager informed Members that a meeting of the Homelessness Implementation Group would include guests representing “The Big Issue”, a Distributor and a Seller. It is hoped that at this meeting, amongst other issues, that it may be possible to talk about rough sleeping.

5 End House – Moving On

- 5.1 Councillors noted that the Durham Young People's Centre at End House was to close as the building was being sold. Help had been given by the City of Durham, via the Portfolio Holder for Housing and the Community Development Section, but they were unsuccessful in locating suitable alternative accommodation. Within End House, “Moving On”, a charity which offers advice to 16-25 year olds on housing issues, has relocated to the Durham Miners’ Hall at Redhills. The City of Durham, through a DCLG grant, provide Moving On with funding as they deal effectively with the 16-25 year old demographic, an area which the Council has had difficulty in dealing with in the past.
- 5.2 Moving On provides Peer Education Sessions and Life-Skill Workshops that can help young people to become more self sufficient and prepare them for the responsibilities associated with being a Tenant, whether in the public or private sector. It therefore could be possible to refer any appropriate cases of rough sleeping to these sessions, with an ultimate aim being the rough sleepers secure a tenancy for themselves. Indeed, Moving On refers “good candidates” to the City of Durham and the Council can be confident that these individuals are aware of what they can expect, and what is expected of them as Tenants.

6 Homelessness – Mental Health Issues

- 6.1 Presentations were given by representatives from Durham Primary Care Trust and Durham County Council.
- 6.2 An overview of problems encountered by people who experience mental health issues was given to the Panel. Mental health issues impact on housing but housing also affects those with mental health problems. A copy of Mental Health and Housing fact sheet 6 can be found at Appendix A.

- 6.3 The Panel was also advised that many of the people who suffer with mental health problems do not have the confidence to refuse or challenge accommodation locations, thus making their situations worse.
- 6.4 The PCT wishes to encourage multi-agency working, more agencies are being put in place giving vulnerable people additional support and confidence to seek help, where needed and the help being easily assessable. Services and improvements are being targeted in this area.
Another key area of improvement is in the area of equalities and discrimination.
- 6.5 A report had been prepared to answer questions from the panel, a copy of this report can be found at appendix B.
The panel was advised that a closer liaison and understanding was required of partners roles, individuals were helpful but organisational policies made it difficult for people with mental health problems.
- 6.6 Members asked if agencies were moving away from the Day Centres, but were informed that the day centre still has a place and continue to do a very good job in society.

7. Recommendations

- 7.1 That the Council continues to progress and monitor the Homelessness Strategy and Action Plan and strongly recommends close working with Partners to provide support and prevent homelessness which can be brought about by a wide range of adverse influences.
- 7.2 That the Panel receives an update on the Homelessness Strategy and Action Plan after they have been reviewed by the Authority in 2008, the Panel's recommended review date being July 2008.