

Summary of responses to the homelessness strategy consultation

20 responses received. Of these, 18 agreed that the overall priorities are appropriate; 1 disagreed; 1 did not respond

Overall priorities If you disagree, what should the priorities be?	Think minimising demand should be called "prevention of homelessness". Minimising demand suggests prevention of demand by those homeless. Within priorities 1,3 and 4 there needs to be arrangements for people with NRPF who require urgent life saving treatment (for example for active TB as set out in the NICE guidance). Should articulate addressing the causes of homelessness in the priorities: minimising demand is an insufficient description.
Response	It is encouraging that the overwhelming majority of respondents agreed with the overall approach of the strategy, therefore the priorities will remain as per the draft. With regard to the very specific mention of people with No Recourse to Public Funds, whilst lower tier Authorities are very restricted to the extent of support that can be given to people with NRPF, we will continue to work with County colleagues and colleagues in charitable organisations to provide support where required. The strategy makes reference to working with partners and this will be included within this broader context.
MINIMISING DEMAND Does the priority give a reasonable overview of what we need to do? If not, what is missing?	Pg 24 of the Strategy 18 agreed Comments Need to work with partners in the prevention of mental and physical health problems (Making Every Contact Count approach). Keeping people well will reduce the need for housing support. Work with partners to intervene with families where behaviour (may be around budgeting or ASB or may be the behaviour of others) is likely to lead to homelessness. Identifying people with specific health needs where homelessness is not an option. Patients with pulmonary tuberculosis need direct access to accommodation so that their treatment can be maintained and monitored to ensure treatment completion. This not only protects the individual but reduces the risk of transmission of the disease within the public and other vulnerable groups. This accommodation would be need to be provided for 6 months minimum, the standard treatment course for TB. However, for cases of multi drug resistance this could be up to two years We should also ensure that housing provision is health promoting, not just appropriate for specific mental and physical health needs. More content on how you will work with landlords would be helpful, particularly around tenant needs. Yes, but in addition:

	• no mention of debt and the impact debt has on homelessness • no mention of housing/welfare benefits advice and prevention/reduction of homelessness • how to ensure funding for debt management/financial capability/housing and welfare benefits advice provision • how will you ensure there is a continuing, robust multi agency approach when many third sector agencies are faced with funding issues
Response	The strategy recognises the importance of providing support and linkages relating to both physical and mental health and wellbeing – this has been further strengthened within the strategy as a result of consultation The specific comments relating to tuberculosis – engagement has commenced with County public health to better understand the issues and requirements for action which will be reflected as part of broader work The need to work effectively with private landlords is acknowledged and has been strengthened in the Strategy as a result of consultation.
What have been the main achievements relating to this priority in South Nottinghamshire since the last Homelessness Strategy was published in 2013?	The opening of Framework's Transition South hostel for young people on Trent Boulevard Demand for supportive living accommodation has increased alongside a reduction in available supportive accommodation Some additional social housing for single people is available. Regular Forum meeting
Response	Noted
What do you see as the main challenges or opportunities relating to this priority over the next 5 years?	Getting preventative support to the households that need this support with minimal funding for agencies to provide this provision. The Public Space Protection Order in Rushcliffe as homeless people may be fined for sleeping rough. Not having enough affordable housing The main challenge I see over the next 5 years is the increasing demand for 1 bed properties and the increasing gap between housing benefit rates and private rental rates for such properties. Resource in terms of people and funds Reduction in financial allocation across all partnerships with consequence being that financial allocation is for one year only with a reduction in the next year. Opportunity for partners to work together Lack of adequate funding. Insufficient resources in staff and housing Rising private rents or landlords seeking to cash in on rising house prices. Lack of social housing & need to replace stock sold due to right to buy. Payment of Housing Benefit to claimant now being more widely used are challenges. Opportunities could be the conversion of 'business' accommodation eg pubs into smaller residential units, some of which could be supported. Making co-ownership (part rental part purchase) a possibility for first time buyers more widely available - this might release some of the rental stock.

	Educating young people that you cant just get a place to live because yo fall out with your parents Housing is the greater challenge as private renting in this area is prohibitive for a lot of people. Where patients have no recourse to public funds and have health issues such as pulmonary Tuberculosis. Individuals with TB need rapid access to housing even if they have no recourse to public funds see NICE TB Pathway Underserved Groups http://pathways.nice.org.uk/pathways/tuberculosis And the Care Act ... The Care Act 2014 requires local authorities to promote an adult's wellbeing in each decision that it makes, and this must include considering the adult's social and economic wellbeing, suitability of living accommodation and physical and mental health and emotional wellbeing. The challenge that I am aware of relates to homeless single men who have NRPF and require a accommodation to enable treatment for active TB. The scenarios that have emerged over the past 5 years have meant that people have not been able to be discharged from hospital or treatment has been stopped mid way through a 6 to 12 month treatment regime. The issues in these scenarios relate to meeting NICE guidance to support access to appropriate live saving treatment, prevent delays in hospital discharge and reduce the personal impact of failed treatment and the global impact of failed treatment in relation to the rise in antibiotic resistant TB and Antimicrobial Resistance (AMR) Supply of affordable rental properties along with a workable and reactive care system to quickly deal and manage tenant problems. You know what you would like to achieve and you now have the opportunity to lay the foundations to ensure the infrastructure is put into place effectively. Gaining interest from PRS landlords could be a challenge. Funding streams for LA's and the third sector will continue to be under threat risking a robust multi agency approach. On the other hand there are potential opportunities for cross sector partnerships to maximise funding opportunities – whilst also ensuring services are not duplicated. For example debt and benefits advice is specialist work and agencies who can carry out financial capability, regulated by the FCA to do DROs and bankruptcies and who can also provide benefits advice including tribunal work (for example CABx) could have a County wide fund for this covering the County and the City. We would then take referrals from other agencies to do this work. Particularly important would be to have links with housing associations across the County to prevent evictions. If benefits stop it sometimes takes weeks and intensive work to get them re-started. For vulnerable people they need intensive advocacy work to achieve this and in the meantime rent and council tax arrears will be accumulating – often resulting in unnecessary eviction processes starting and even evictions taking place which in the long term costs statutory agencies more money.
Response	The comments above are supportive of the priorities within the Strategy. Where appropriate, the strategy has been bolstered to reflect the comments made. With regard to people with NRPF, as previously stated, discussions have commenced tith County colleagues around what additional mechanisms can be put in place to support the c1 case of people in the County with NRPF with Tuberculosis annually.
What should be the key	Funding provision identified for a generic floating support provision.

actions to enable this priority to be taken forward over the next 5 years and how do you think you/ your organisation can help to take the action forward?	Put in a strategy to ensure homeless people found sleeping rough are helped to find accommodation not fined Be proactive in building affordable homes Assurances and public awareness raising in understanding the work and depth of the STP. Early identification and provision of interventions for affected households in order to prevent homelessness The main actions are to prevent people from becoming homeless. Talks to teenagers. More social liaisons to spot and stop people leaving home. Families at risk of homelessness or inappropriately accommodated due to ASB or poor budgeting skills could be referred to Family Service. notice boards/roadshows Providing properties in brown field sites that can be converted to minimal accommodation facilities. I would like to discuss the inclusion in the housing criteria to enable a rapid response to people who have a diagnosis of active TB who have No Recourse to Public Funds (NRPF). A full understanding on what each agency can deliver so expectations are realised. My organisation would like to have a robust charter outlining what measures would come into play to support a landlord who finds themselves with a non compliant tenant. 1. Offer a lease on PRS properties to landlords. 2. Treat a Section 21 Notice as a trigger for homelessness. 3. Provide dedicated support to landlords with regards to tenant issues. • debt and the impact debt has on homelessness should be included in strategic and operational plans • homelessness prevention through high quality housing advice and support for people in private and public sector housing should be maintained and increased across the county – this is essential from a fiscal cost reduction but also in the reduction/ prevention of the emotional/physical/mental impact on families and individuals • access to LA services has reduced drastically – the third sector is bridging that gap but can only do so with continued funding CA have a strong track record of delivering debt advice across the region. CA in Broxtowe have strong track record of delivering housing advice and support
Response Which are the key organisations organisations/ contacts that are essential to driving this priority forward?	Agreed, these comments are reflected within the Homelessness Strategy priorities and delivery plan Commissioners of services. Borough and county councils, the police, housing associations, developers, homelessness charities Social services CCG Hospitals Police Drug serv Alcohol County and borough authorities Mental Health teams, social housing providers, Framework and other support service providers, private landlords Collaborative / partnership working via the STP District Councils, Public Health, ASCH, mental and physical health CCG commissioners and providers, Voluntary Sector, Fire in their role as Improving Wellbeing Local Authorities.

	District Staff to make referrals Laura.archer@centralnottingham.ac.uk As listed above In relation to the scenarios described please contact Dr Jonathan Gribbin Consultant Public Health and Sally Handley Senior Public Health Manager based at County Hall Not qualified to answer this question very well Council • Citizens Advice • Nottinghamshire County Council • Borough Councils (ie Broxtowe) • Other voluntary agencies such as Framework/Hope Nottingham/ • Other statutory agencies such as the Fire Service / Police /Social Services /NHS in making referrals into services for vulnerable clients. Even GPs are well placed to see if someone is struggling with other issues affecting their mental health such as debt/housing/benefits. They need to know where to refer for specialist help.
Response	Noted. Whilst there is already strong partner engagement, the above comments help to ensure we are able to identify possible gaps in engagement. Where there are gaps, partners will be contacted to increase engagement
Do you have any other comments specifically relating to this priority?	Need to think about how we overcome the issue of homeless people not being able to register (and thus access primary care/prevention) with general practitioners. My key message is all about providing a level of "Wrap around care" to quickly and efficiently deal with tenant problems when they occur. • Avoid duplication of services to make any relevant funding more targeted and effective. • Map out what help is out there not only for general help (think this has already been done – ie Notts help yourself etc) but for • specialist help. Signposting often doesn't work with vulnerable clients – they need specific referrals – date/time and in a location they can reach. For example Eastwood people would find it difficult to access services in the City or even in Beeston which is their own borough – it is 2 bus rides away.
Response	Noted and will be considered as part of action plan updates
REDUCE CRISIS PRESENTATIONS	Pg 26 of the Strategy
Does the priority give a reasonable overview of	Need to facilitate a return home that is safe, i.e. in cases domestic violence and/or abuse. Also, the focus is on families, need to extend the approach to include single homelessness if you are going to prevent crisis presentations.

what we need to do? If not, what is missing?	Looks fine - it would be good if a reduction in B&B for all groups could be a target, the accommodation on offer is usually poor and would not be acceptable within the 'normal' B&B market. with TB patients there will always be crisis presentations. As a nurse working with these patients I need to have direct access to housing in crisis situations to place a patient in suitable accommodation see NICE TB Pathway Underserved Groups http://pathways.nice.org.uk/pathways/tuberculosis And the Care Act ... The Care Act 2014 requires local authorities to promote an adult's wellbeing in each decision that it makes, and this must include considering the adult's social and economic wellbeing, suitability of living accommodation and physical and mental health and emotional wellbeing. Again • no mention of debt and the impact debt has on homelessness • no mention of housing/welfare benefits advice and prevention/reduction of homelessness • how to ensure funding for debt management/financial capability/housing and welfare benefits advice provision • how will you ensure there is a continuing, robust multi agency approach when many third sector agencies are faced with funding issues
Response	Response on TB previously stated The Strategy now includes stronger reference to debt and financial advice Within the Strategy the aim of reducing and ultimately ending the use of B&B accommodation is stated
What have been the main achievements relating to this priority in South Nottinghamshire since the last Homelessness Strategy was published in 2013?	Development of young persons supported housing provision in the 3 boroughs. Reduction in 16-17 year olds in B&B Regular Forum meeting
Response	Noted
What do you see as the main challenges or opportunities relating to this priority over the next 5 years?	The young persons service meeting demand, there is a high need for this service due to the number of young people coming out of Looked After Services requiring housing. Main challenge - Putting in place the straightforward and transparent system to access affordable homes of all types Again financial allocation Main challenge is the change to welfare benefits and the growing sense that many people in work are struggling to keep within the budget that they have available. Impact of Welfare Reform Funding streams for LA's and the third sector will continue to be under threat risking a robust multi agency approach. On the other hand there are potential opportunities for cross sector partnerships to maximise funding opportunities

Response	Noted. The challenges stated above are reflected within the Strategy
What should be the key actions to enable this priority to be taken forward over the next 5 years and how do you think you/ your organisation can help to take the action forward?	Ensure high quality service provision and ensure levels of throughput within the service contract are been met. Partnership approach Where families are under financial and housing stress this will impact on family - Family Service may be able to help here. Provision of good short term supported accommodation. Minimum standards for B&B debt and the impact debt has on homelessness should be included in strategic and operational plans homelessness prevention through high quality housing advice and support for people in private and public sector housing should be maintained and increased across the county – this is essential from a fiscal cost reduction but also in the reduction/ prevention of the emotional/physical/mental impact on families and individuals areas like Eastwood have high deprivation and low investment access to LA services has reduced drastically – the third sector is bridging that gap but can only do so with continued funding CA (Citizens Advice) have a strong track record of delivering debt advice across the region. CA in Broxtowe have strong track record of delivering housing advice and support
Response	Noted. The actions stated above are reflected within the Strategy
Which are the key organisations organisations/ contacts that are essential to driving this priority forward?	Family Service District Councils Referral from housing staff Citizens Advice Nottinghamshire County Council Borough Councils (ie Broxtowe) Other voluntary agencies such as Framework/Hope Nottingham/ Other statutory agencies such as the Fire Service / Police /Social Services /NHS in making referrals into services for vulnerable clients. Even GPs are well place to see if someone is struggling with other issues affecting their mental health such as debt/housing/benefits. They need to know where to refer for specialist help.
Response	Noted. Whilst there is already strong partner engagement, the above comments help to ensure we are able to identify possible gaps in engagement. Where there are gaps, partners will be contacted to increase engagement
What are the key national/ local drivers/ policies or strategies linked to this priority?	Housing of refugees/Asylum seekers between 16-21 who are been allocated to Nottinghamshire. No Health without Mental Health (National Strategy and Local Framework for Action) Suicide Prevention (National Strategy and Local Framework for Action) Mental Health Crisis Concordat Mental Health Five Year Forward View Welfare reforms; current financial situation of local government

	NICE TB Pathway Underserved Groups http://pathways.nice.org.uk/pathways/tuberculosis And the Care Act ... The Care Act 2014 requires local authorities to promote an adult's wellbeing in each decision that it makes, and this must include considering the adult's social and economic wellbeing, suitability of living accommodation and physical and mental health and emotional wellbeing. LA funding and funding priorities Third sector funding National government policy/legislation change
Response	Stronger reference has been included in the Strategy relating to linkages to mental health as a result of consultation feedback. Other points noted.
Do you have any other comments specifically relating to this priority?	People leaving institutions such as hospitals and prisons should have the opportunity to engage with housing options team members before their release to try to ensure that they do not find themselves homeless when they leave. Those with previous rent arrears who are homeless should not automatically be excluded from the housing list as there may have been circumstances beyond their control i.e. mental health issues where support could have prevented eviction, or someone sent to prison and not closed down tenancy properly but had previously been fully up to date with their rent etc. Again Avoid duplication of services to make any relevant funding more targeted and effective. Map out what help is out there not only for general help (think this has already been done – ie Notts help yourself etc) but for specialist help. Signposting often doesn't work with vulnerable clients – they need specific referrals – date/time and in a location they can reach. For example Eastwood people would find it difficult to access services in the City or even in Beeston which is their own borough – it is 2 bus rides away.
Response	The need to ensure services are mapped out is clear and will be taken forward through the revision of the action plan. Provision is made within allocations policies relating to discharge from institutions – specific reference is made to joining up services within the Strategy
Deliver Effective Services at the Point of Contact	Pg 27 of the Homelessness Strategy
Does the priority give a reasonable overview of what we need to do? If	Excellent bespoke model and sits well with prevention. Missing is financial management training and support a support pathway to provide quick access to housing for TB patients with or without recourse to public funds Again as described in Priority 1 there needs to be a clear pathway for people diagnosed with active TB who are homeless and

not, what is missing?	have NRPFs as set out in the NICE Pathway -TB in under served groups see link http://pathways.nice.org.uk/pathways/tuberculosis Yes, but areas like Eastwood do not have an easy point of contact re homelessness/housing – this is only currently available through local CABx in Eastwood hosting housing/homelessness appointments with LA/HA housing dept/providers
Response	Reference to financial management support has now been included Regarding clients with NRPF – response as previous
What have been the main achievements relating to this priority in South Nottinghamshire since the last Homelessness Strategy was published in 2013?	A Single homelessness needs assessment was undertaken. The full needs assessment needs to include all aspects of homelessness. Mediation for young people at risk of being asked to leave home is good.
Response	Noted
What do you see as the main challenges or opportunities relating to this priority over the next 5 years?	Identifying services which can meet this need. Challenge – accessing sufficient stock to meet demand in a timely manner. Opportunity to liaise with house builders on the type of accommodation that is most in demand, and encouraging them to build housing options to help meet that demand i.e. the major developments taking place in the Rushcliffe area at the moment are all 2,3 or 4 bed executive homes, not accessible for single people or families on low income or benefits. Challenge again is reduce financial allocation – to be effective commissioners need to put in Contract Variations to deliver alongside this model Increasing numbers of younger adults with disabilities requiring independent accommodation. Also very concerned about the older but not old adult with disability who requires supported accommodation – they often end up in provision for the elderly, so inappropriate. Funding for Care in the Community may increase with the additional budget from 2020 In relation to supporting people with active TB and NRPF to be able to receive life saving treatment over a 6 to 12 month period, therefore a housing pathway that recognises the need of this very small minority of people to support access to treatment in a timely and responsive way. For this the person requires a stable place to live and eat to enable consistent treatment regime to be achieved. Impact of Welfare Reform/other national policy changes Funding streams for LA's and the third sector will continue to be under threat risking a robust multi agency approach. On the other hand there are potential opportunities for cross sector partnerships to maximise funding opportunities

Response	Noted. The Strategy recognises these issues
What should be the key actions to enable this priority to be taken forward over the next 5 years and how do you think you/ your organisation can help to take the action forward?	To get partnership by in – need to pilot the model and evaluate the outcomes
Response	The Strategy recognises the importance of partnership working in delivering the priority outcomes
Which are the key organisations/ contacts that are essential to driving this priority forward?	Local Authority Housing Departments, Public Health and TB treatment service NUH Citizens Advice Nottinghamshire County Council Borough Councils (ie Broxtowe) Other voluntary agencies such as Framework/Hope Nottingham/ Other statutory agencies such as the Fire Service / Police /Social Services /NHS in making referrals into services for vulnerable clients. Even GPs are well place to see if someone is struggling with other issues affecting their mental health such as debt/housing/benefits. They need to know where to refer for specialist help.
Response	Noted as previous
What are the key national/ local drivers/ policies or strategies linked to this priority?	Welfare reforms, Care in the community packages NICE TB Pathway Underserved Groups http://pathways.nice.org.uk/pathways/tuberculosis And the Care Act ... the Care Act 2014 requires local authorities to promote an adult's wellbeing in each decision that it makes, and this must include considering the adult's social and economic wellbeing, suitability of living accommodation and physical and mental health and emotional wellbeing. NICE Pathway -TB in under served groups see link http://pathways.nice.org.uk/pathways/tuberculosis The Care Act 2014 requires local authorities to promote an adult's wellbeing in each decision that it makes, and this must include considering the adult's social and economic wellbeing, suitability of living accommodation and physical and mental health and emotional wellbeing. LA funding and funding priorities Third sector funding National government policy/legislation change

Response	Noted as previous
Do you have any other comments specifically relating to this priority?	Avoid duplication of services to make any relevant funding more targeted and effective. Map out what help is out there not only for general help (think this has already been done – ie Notts help yourself etc) but for specialist help. Signposting often doesn't work with vulnerable clients – they need specific referrals – date/time and in a location they can reach. For example Eastwood people would find it difficult to access services in the City or even in Beeston which is their own borough – it is 2 bus rides away.
Response	Noted as previous
PROVIDE APPROPRIATE ACCOMMODATION OPTIONS	Pg 28 of the Strategy
Does the priority give a reasonable overview of what we need to do? If not, what is missing?	quick, effective and appropriate housing options for patients with pulmonary TB or multi drug resistant TB so they can be monitored until treatment completion. Expected standard for TB completion rates are over 85% to protect both patient and public and avoid transmission of the disease and death Again relating to people requiring treatment for active TB who have NRPFs see details in priority 1 and 3 Landlords should be encouraged to provide health promoting housing, which would entail awareness-raising and information. Yes, however more detail on how engagement with the PRS will be rolled out. Yes, but Areas like Eastwood do not have an easy point of contact re homelessness/housing – this is only currently available through local CABx in Eastwood hosting housing/homelessness appointments with LA/HA housing dept/providers
Response	Noted as previous.
What have been the main achievements relating to this priority in South Nottinghamshire since the last Homelessness Strategy was published in 2013?	Regular Forum meeting

Response	Noted
What do you see as the main challenges or opportunities relating to this priority over the next 5 years?	Supported housing sector is not growing in line with demand, main challenge is to encourage supported housing providers to set up new accommodation options in the area. As previously stated Availability of rental property, welfare reform, effective communication challenges Impact of Welfare Reform/other national policy changes Funding streams for LA's and the third sector will continue to be under threat risking a robust multi agency approach. On the other hand there are potential opportunities for cross sector partnerships to maximise funding opportunities
Response	This is recognised within the Strategy
What should be the key actions to enable this priority to be taken forward over the next 5 years and how do you think you/ your organisation can help to take the action forward?	Ensure that a range of housing options are available and are used effectively work with partners to support people to develop their independent living skills where appropriate To include a pathway and prioritisation of accommodation for homeless people who have NRPFs and have a diagnosis of active Tb that requires accommodation and stability to proceed with a 6 to 12 month treatment regime. See details set out in priority 1 and 3. A joined up approach on what is required from the PRS and how the process of housing the homeless will be supported by the LA. Again: debt and the impact debt has on homelessness should be included in strategic and operational plans homelessness prevention through high quality housing advice and support for people in private and public sector housing should be maintained and increased across the county – this is essential from a fiscal cost reduction but also in the reduction/ prevention of the emotional/physical/mental impact on families and individuals areas like Eastwood have high deprivation and low investment access to LA services has reduced drastically – the third sector is bridging that gap but can only do so with continued funding CA have a strong track record of delivering debt advice across the region. CA in Broxtowe have strong track record of delivering housing advice and support
Response	Response on TB previously stated
Which are the key organisations organisations/ contacts	

that are essential to driving this priority forward?	
What are the key national/ local drivers/ policies or strategies linked to this priority?	NICE TB Pathway Underserved Groups http://pathways.nice.org.uk/pathways/tuberculosis And the Care Act ... The Care Act 2014 requires local authorities to promote an adult's wellbeing in each decision that it makes, and this must include considering the adult's social and economic wellbeing, suitability of living accommodation and physical and mental Health and emotional wellbeing. Tuberculosis in under served groups NICE Pathway http://pathways.nice.org.uk/pathways/tuberculosisThe Care Act 2014 requires local authorities to promote an adult's wellbeing in each decision that it makes, and this must include considering the adult's social and economic wellbeing, suitability of living accommodation and physical and mental health and emotional wellbeing. Increased costly local and national regulation will impede this priority as additional cost reduces profit and therefore the ability of landlords to house low income tenants
Response	Response on TB previously stated As stated in the Strategy, we will ensure continued engagement with private landlords and their representatives to seek to ensure opportunities to utilise the private rented sector are maximised.
Do you have any other comments specifically relating to this priority?	Support to enable a more generic client group make their households a success & sustainable. It would be a quick win to sort this protracted problem out the volume is low but the impact on the individual is high and could very easily be resolved with inclusion of a specific pathway for this in frequent scenario that has serious life course impact (death of the person not enabled to access treatment and the risk of cross infection of others of this reportable infection).
Response	Noted Response on TB previously stated
MOVE PEOPLE AWAY FROM HOMELESSNESS	Pg 31 of the Strategy
Does the priority give a reasonable overview of what we need to do? If not, what is missing?	Need to include financial management training and support As previous
Response	Noted as previously
What have been the main	

achievements relating to this priority in South Nottinghamshire since the last Homelessness Strategy was published in 2013?	
What do you see as the main challenges or opportunities relating to this priority over the next 5 years?	Challenge - having sufficient infrastructure and funds to provide appropriate level of support to tenancies that are starting to fail. Opportunities - engage more with voluntary sector. As previous
Response	Agreed. As previously stated, we will seek to ensure full engagement with partners through the delivery of this Strategy.
What should be the key actions to enable this priority to be taken forward over the next 5 years and how do you think you/ your organisation can help to take the action forward?	As previous
Which are the key organisations/ contacts that are essential to driving this priority forward?	As previous
What are the key national/ local drivers/ policies or strategies linked to this priority?	As previous
Do you have any other comments specifically relating to this priority?	As previous

Do you have any final comments relating to the South Nottinghamshire Homelessness Strategy?

The model is comprehensive. Need to be clear on what effectively can be delivered in the financial envelope so the expectations of those at risk of homelessness are not let down

Noted – the action plan is carefully developed to ensure challenging but realistic actions