Derby City Council

Derby Long-Term Rough Sleeping Partnership Plan 2026–2029



November 2025 LTRS baseline: 38 **Derby target:** 19 by the end of this Parliament

This plan has been developed in partnership with:

derby homes

DERBYSHIRE CONSTABULARY

DERBY CITY MISSION

HM Prison & Probation Service

Probation Service – Derby City PDU

Derventio – People Really Do Matter

NHS East Midlands Ambulance Service NHS Trust

Joined Up Care Derbyshire

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CRANSTOUN – Empowering People, Empowering Change

YMCA DERBYSHIRE

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1. Foreword

Ndukwe Onuoha | Cabinet Member for Streetpride, Parks & Leisure, Councillor for Mackworth and New Zealand ward

This plan represents an important milestone in Derby's commitment to reducing rough sleeping and ensuring that no one is left without the support they need to rebuild their lives. While we are proud of the progress already made through strong partnership working across housing, health, social care, criminal justice, and the voluntary sector, we recognise that too many people continue to experience repeated and long-term rough sleeping, often alongside multiple and complex disadvantages.

This Long-Term Rough Sleeping Partnership Plan sets out our shared ambition to reduce the number of people experiencing long-term rough sleeping in Derby from 38 to 19 by the end of this Parliament. Achieving this goal will require more than providing accommodation. It will require us to work together across organisational boundaries, challenge existing barriers within our systems, strengthen collective accountability, and ensure that support is flexible enough to meet people where they are.

The plan demonstrates our commitment to a whole-system approach. It brings together partners from local government, health, social care, criminal justice, housing providers, and the voluntary, community, and faith sectors around a single shared objective. It places a strong emphasis on prevention, early intervention, lived experience, data-driven decision making, recovery, and helping people build meaningful and sustainable lives away from the street.

Importantly, this plan is not simply about reducing a number. It is about improving outcomes for some of Derby's most vulnerable residents. It is about ensuring that people experiencing entrenched rough sleeping have access to the accommodation, healthcare, treatment, relationships, opportunities, and ongoing support needed to achieve lasting change.

I would like to thank all the partners who have contributed to the development of this plan and who continue to work tirelessly to support people experiencing homelessness and rough sleeping across our city. The challenge ahead is significant, but by working together with determination, shared accountability, and a clear focus on outcomes, I am confident that Derby can make meaningful progress towards ending long-term rough sleeping and creating a city where everyone has the opportunity to thrive.

1. Purpose and ambition

This Partnership Plan sets out how Derby will work together to reduce the number of long-term rough sleepers. It complements Derby's wider Homelessness and Rough Sleeping Action Plan and responds to the National Plan to End Homelessness and MHCLG Long-Term Rough Sleeping Partnership Plan guidance.

The plan is intended to be practical and collectively owned. It focuses on meaningful system change, particularly for people experiencing entrenched rough sleeping and severe multiple disadvantage where existing services and pathways have not been sufficient to achieve a sustainable move away from the street.

Derby's approach recognises that ending long-term rough sleeping requires more than securing accommodation. For some people, a sustainable move away from the street also depends on persistent support, access to health and care, strong relationships, community connection, meaningful activity, purpose, and belonging.

2. Derby's baseline, target, and priority cohort

Derby's November 2025 baseline for the national long-term rough sleeping measure is 38 people. In line with the national target to halve long-term rough sleeping by the end of this Parliament, Derby's local target is to reduce this to 19.

The national long-term rough sleeping measure captures people seen sleeping rough in the reporting month who have also been seen sleeping rough in three or more months over the previous 12 months. Meeting this definition does not, on its own, mean that a person is entrenched, experiencing severe multiple disadvantage or requires intensive multi-agency intervention.

The circumstances of people within the baseline will therefore vary. Some may have highly complex and overlapping needs and a long history of homelessness; some may be accommodated but continue to sleep rough at times; and others may meet the national measure through intermittent episodes of rough sleeping.

Derby will use the national measure to track progress towards the ambition, while using person-level data, frontline knowledge, and partnership intelligence to identify people requiring the most intensive response. This will particularly include people experiencing entrenched rough sleeping and severe multiple disadvantage. Some may also form part of Derby's Target Priority Group (TPG), but the TPG and Long-Term Rough Sleeping (LTRS) cohorts are not the same. Derby will use learning from TPG arrangements to identify individuals at greatest risk of entrenched rough sleeping, ensure multi-agency oversight of the highest-risk cohort, and align TPG and LTRS activity where this will improve outcomes. Regular review of overlap between the TPG and LTRS cohorts will support targeted interventions and system learning.

3. Where Derby is now

Existing strengths

- Good frontline knowledge of people who rough sleep and their individual circumstances.
- Established information sharing and multi-agency relationships.
- A strong outreach model for early identification of rough sleepers and routes off the streets.
- Derby's Multi-Agency Rough Sleepers Hub (MARSH), which meets fortnightly and brings together more than 15 agencies to coordinate operational responses.
- Existing prison and pre-release partnership arrangements.
- Specialist homelessness health involvement, including the Homeless Paramedic and Homelessness Mental Health Practitioners across both Primary and Secondary Care.
- Weekly Clinical MDT arrangements at Wilson Street involving specialist homelessness health professionals and two public health funded Hospital Rough Sleeper Practitioners.
- Trauma-informed and person-centered practice across parts of the system.
- Existing accommodation and support pathways, including successful Housing First, NSAP and RSAP, SHAP models and supported accommodation options.
- Well-established accommodation pathway, including Enhanced Supported Exempt Accommodation, a successful emergency accommodation hostel, Safe Space provision, and the ARC providing a range of responses to meet differing levels of need.
- Dedicated Rough Sleeper Social Worker, strengthening links between homelessness services and Adult Social Care and supporting individuals with complex care and support needs.
- Strong floating tenancy support provision across a range of housing tenures, helping people to sustain accommodation and prevent repeat homelessness.
- Dedicated Move-On and Placement Coordinator, supporting individuals to progress through the pathway and access appropriate long-term housing solutions.
- Dedicated rough sleeping analyst and insight resource, enabling a strong evidence-based approach to service development, performance monitoring, and identification of emerging trends.
- Fortnightly data-driven Rough Sleeper Leadership Meetings, providing operational oversight, challenge, and coordinated action across services.
- Specialist provision for people experiencing the most entrenched and complex forms of rough sleeping, offering intensive, person-centered support and advocacy.
- Transition Hub model, providing targeted support to help people successfully move from homelessness and supported accommodation into settled housing.
- Commitment that anyone identified as rough sleeping is offered accommodation and support appropriate to their individual needs, ensuring a proactive and person-centered response.
- Strong operational partnership working across housing, health, social care, criminal justice, and voluntary sector organisations, enabling coordinated responses for individuals with multiple and complex needs.

- A pathway that combines prevention, emergency accommodation, specialist support, move-on provision, and tenancy sustainment services, providing a comprehensive end-to-end response for people experiencing rough sleeping.
- Community drug and alcohol treatment system working with rough sleepers. Cranstoun's specialist outreach team, dedicated homelessness keyworkers and health coaches, rapid treatment access, physical and mental health nurses and Severe Multiple Disadvantage navigator role.

Where the system still needs to change

- Governance and collective accountability, while there is strong operational coordination, governance across the wider partnership remains relatively weak, limiting collective ownership, strategic oversight, and system accountability.
- Service thresholds, eligibility criteria, non-engagement, and time-limited interventions can make it difficult for some people to access or remain engaged with support.
- Support can become fragmented when several agencies are involved or when a person moves between the street, accommodation, hospital, prison, and other services.
- Although specialist homelessness health arrangements are strong, escalation into wider mental health services can be difficult where needs cannot be resolved through those specialist arrangements.
- There is insufficient general accommodation for move on from supported accommodation.
- Some people continue to sleep rough despite having accommodation available, including because of isolation, established street-based relationships, the night-time economy or a sense of safety and belonging among peers.
- Community assets, meaningful activity, positive relationships, and opportunities to build a life away from the street are not consistently joined up during the periods when people transition between services.
- Lived experience is heard through frontline relationships but is not yet captured and used consistently to inform partnership decisions and service development.
- Information sharing, partners hold valuable intelligence about individuals, risks, and service needs which are shared through MARSH. However, information sharing and partnership intelligence remain inconsistent and are not always translated into coordinated system responses.
- Cross-system priorities, outcomes-led commissioning, and shared redesign around the entrenched Severe Multiple Disadvantage cohort are not yet consistently in place.

4. Our Partnership and Shared Approach

Derby's partnership has brough together representatives from Derby Homes, Derby City Council Adult Social Care, Public Health and Community Safety teams, NHS and mental health services, substance use treatment services, Police, Probation and Prison service partners, alongside commissioned and non-commissioned homelessness and rough sleeping support providers, and voluntary, community and faith sector organisations. Partners will collectively own Derby's ambition to reduce long-term rough

sleeping from 38 to no more than 19, while recognising that individual organisations have different responsibilities, expertise, and contributions to make.

Reducing long-term rough sleeping cannot be achieved by Housing or homelessness services alone. This is a shared Partnership Plan, requiring collective ownership and accountability and action across organisations whose services, decisions and resources can influence whether someone is able to move away from rough sleeping and sustain that change.

Derby will build on existing operational arrangements rather than duplicate them. MARSH, the Wilson Street Clinical MDT, Target Priority Group arrangements, outreach, prison and pre-release arrangements, hospital pathways and individual services are important tools for coordinating responses around people and identifying barriers.

These operational arrangements will not, however, be the governance or delivery mechanism for the Partnership Plan itself. A Long-Term Rough Sleeping Partnership planning meeting has been implemented to develop this plan and will provide the partnership delivery layer needed to collectively own the 38 to 19 target, oversee the actions in this plan, identify recurring system barriers and escalate issues which cannot be resolved through existing operational arrangements.

The plan will be based on the key partnership priority areas identified through the long-term rough sleeping partnership planning meeting:

5. Partnership priority areas

Governance and collective accountability

Current position: Governance arrangements across the partnership require further strengthening to support effective system leadership and delivery. While individual organisations demonstrate accountability for their own services, there are limited mechanisms for collective decision-making, shared accountability, and joint ownership of outcomes. The absence of clear escalation routes can make it difficult to address complex system-wide barriers, particularly where issues require a coordinated response across multiple agencies.

Proposed partnership action: Strengthen partnership governance, accountability, and strategic oversight to support a more integrated system response to long term rough sleeping and severe multiple disadvantage. This will include exploring the development of a multi-agency Homelessness and Rough Sleeping Board to provide strategic leadership, shared ownership of outcomes, clear escalation routes, and collective accountability across partner organisations. The Board will also create the foundations for future co-commissioning, aligned investment, and coordinated decision-making to improve outcomes for people experiencing rough sleeping. It will also seek to address the system barriers for entrenched rough sleepers in accessing and remaining in service such as dual diagnosis and will seek to ensure services are flexible, persistent, and coordinated and will ensure collective responsibility and system problem solving.

Understand and target the response

Current position: Not everyone included within the Long-Term Rough Sleeping (LTRS) cohort requires the same response. Derby needs a clear, person-centered understanding of both the current LTRS cohort and those at risk of becoming long-term rough sleepers, enabling interventions to be tailored according to individual needs, risks, and circumstances.

Derby already benefits from strong operational multi-agency arrangements. However, alongside these existing forums, the Partnership Plan requires a mechanism to identify recurring system-wide issues, collectively own improvement actions, and escalate barriers that cannot be resolved through individual services or operational meetings alone.

Proposed partnership action: Refresh the Terms of Reference for MARSH to include dedicated oversight of the Long-Term Rough Sleeping cohort. Through fortnightly multi-agency reviews, partners will maintain a comprehensive person-level understanding of the cohort, including accommodation status, patterns of rough sleeping, support needs, risks, service engagement, and barriers to progression. This intelligence will be used to ensure that individuals receive the most appropriate and proportionate intervention.

The Long-Term Rough Sleeping Partnership Meeting will continue to provide oversight of the cohort and delivery of the Partnership Plan. The meeting will monitor outcomes, oversee agreed actions, and use intelligence from MARSH and other operational forums to identify recurring themes, systemic barriers, and opportunities for service improvement.

Physical Health, Mental Health, Substance Use Services, Treatment and Care

Current position: Access to residential substance use of recovery pathways remains limited for people experiencing long-term rough sleeping, creating barriers to recovery, and reducing opportunities to sustain positive change.

Proposed partnership action: Work in partnership with Living Recovery Foundation to explore the development of a six-bed residential recovery pathway for Derby residents experiencing long-term rough sleeping and multiple disadvantage. Alongside this, establish a Lived Experience Recovery Navigator role to work collaboratively with Cranstoun, By My Side, REST, and other partner agencies, providing assertive engagement, advocacy and practical support to help people access and sustain treatment when they are ready to engage. This will strengthen recovery pathways, improve treatment uptake, and ensure support is available at critical moments of readiness for change. Health partners will support a population-health approach to rough sleeping, recognising rough sleeping as both a housing and health inequality issue. Building on existing specialist homelessness health provision, partners will strengthen pathways into primary care, mental health services, substance treatment, community health services, and Adult Social Care. The partnership will seek to ensure that services are flexible, trauma-informed, and able to maintain engagement with people who may not traditionally meet service thresholds or who struggle to engage through conventional models. Partners will also work to further improve hospital discharge arrangements, continuity of care and access to preventative health interventions, reducing the likelihood of individuals returning to rough sleeping following periods of accommodation or treatment.

Right Accommodation and move on pathways

Current position:
Derby has a range of accommodation and support pathways for people experiencing long-term rough sleeping. However, the availability of suitable move-on accommodation remains insufficient, creating bottlenecks within the system and increasing the risk of repeat homelessness and rough sleeping.

Proposed partnership action:
Increase the supply of sustainable move-on accommodation options, including improved access to the Private Rented Sector (PRS). Strengthen tenancy sustainment support through a person-centered approach, ensuring services such as By My Side provide consistent support that remains with individuals throughout their journey. This will help people maintain accommodation, build independence, and reduce the likelihood of returning to rough sleeping.

Building a sustainable life away from rough sleeping

Current position: Accommodation alone does not always end rough sleeping. Some people experience isolation after moving in, retain strong street-based peer relationships or have little meaningful activity, community connection, or sense of belonging away from the street.

Proposed partnership action: Develop a more intentional and holistic transition from rough sleeping into settled accommodation, ensuring that housing is accompanied by opportunities to build positive relationships, community connections, meaningful activity, peer support networks, and a sense of belonging. Partners will work together to improve access to community-based opportunities, volunteering, training, and employment pathways, including initiatives such as Standing Tall, to support recovery, independence, and long-term stability.

Additional support capacity will be explored within accommodation-based services, including projects such as Wilkins Drive, enabling staff to spend more time supporting residents to access local activities, develop social networks, participate in their communities, and build the practical and emotional resilience needed to sustain life away from rough sleeping. This approach will promote not just housing retention, but long-term social inclusion and wellbeing.

Preventing new long-term rough sleeping

Current position: Anyone identified as rough sleeping in Derby is offered accommodation and support appropriate to their needs. However, some individuals do not take up these offers, while others who are accommodated subsequently return to rough sleeping and become part of the Long-Term Rough Sleeping cohort. A better understanding of the reasons behind these outcomes is needed to ensure services are designed around what people need to achieve and sustain change.

Proposed Partnership Action: Develop a stronger understanding of the pathways into long-term rough sleeping by undertaking regular reviews of individuals who decline accommodation offers, disengage from support, or return to rough sleeping after being housed. This will include gathering and using lived experience insight to understand the factors influencing these decisions, identify barriers within existing services, and highlight opportunities for improvement.

Partners will use this learning to co-design more effective, person-centered responses that better reflect the experiences, motivations, and needs of people at risk of becoming long-term rough sleepers. The findings will inform service development, commissioning priorities, and early

intervention approaches, helping to prevent individuals from becoming entrenched in rough sleeping and reducing future demand on crisis services. Partners will develop a prevention framework focused on identifying risk at the earliest possible stage. This will include strengthening pathways from hospitals, prisons, treatment services, mental health services, Adult Social Care, social housing providers, and community organisations to identify individuals at risk of rough sleeping before they reach crisis point. The partnership will use shared data and multi-agency risk management to identify emerging vulnerability and intervene earlier. Focus will be given to people leaving institutions, those experiencing deteriorating mental health, substance dependency, tenancy instability, domestic abuse, repeat homelessness and severe multiple disadvantage. This reflects national evidence that earlier intervention delivers better outcomes for individuals while reducing demand on acute health, homelessness, and criminal justice services.

Data and Insight

Current Position: Derby has a growing understanding of its Long-Term Rough Sleeping (LTRS) cohort, supported by operational intelligence, multi-agency case discussions, and analysis of rough sleeping trends. However, there is an opportunity to strengthen the use of data and insight to better understand pathways into and out of long-term rough sleeping, identify emerging risks, and measure the impact of interventions.

Proposed Partnership Action: Develop a dedicated Power BI dashboard to provide a real-time view of the Long-Term Rough Sleeping cohort. The dashboard will support tracking cohort size, accommodation outcomes, repeat rough sleeping, support needs, and service engagement. It will also be used to improve understanding of the drivers, risk factors, and barriers associated with long-term rough sleeping, alongside identifying the interventions and pathways that lead to successful and sustained outcomes. This intelligence will inform operational decision-making, service development, resource allocation, and oversight of the Partnership Plan.

Lived Experience and Co-Production

Current Position: Frontline services have significant insight into the experiences, challenges, and aspirations of people who rough sleep through their day-to-day relationships and support work. However, Derby does not currently have a consistent mechanism for bringing this learning together and systematically using it to inform partnership priorities, service design, commissioning, service improvement, and evaluation.

Proposed Partnership Action: Derby will develop a proportionate and meaningful approach to capturing, understanding, and applying lived experience from people who have experienced entrenched rough sleeping and severe multiple disadvantage. This will build on existing frontline relationships and ensure that the experiences of people with lived experience directly inform partnership decision-making, service development, and continuous improvement.

To strengthen this approach, Derby will explore commissioning a local lived experience-led service to become a key partner within the rough sleeping system. Working alongside the Rough Sleeper Service and Cranstoun, this provision will undertake outreach activity, build trusted relationships with people currently rough sleeping, and provide peer-led support to help individuals access treatment and recovery services when they are ready.

The lived experience service will be an active member of the Long-Term Rough Sleeping Partnership, ensuring that the voices of people with direct experience help shape strategy, challenge assumptions, identify barriers, and influence the design of responses. This will help ensure that Derby's approach to long-term rough sleeping is person-centered, informed by real-world experience, and responsive to the needs of those it seeks to support.

6. Current Governance arrangements

Level	Derby arrangement	Role
Strategic accountability	Health and Wellbeing Board and Derby Safeguarding Adults Board	Provide strategic leadership, oversight, and assurance. Receive updates on progress, support system-wide solutions, and consider escalating barriers that cannot be resolved through partnership arrangements.
Partnership delivery	Place Partnership Board – Health and Housing Coordination Group Long Term Rough Sleeping Partnership Planning Group	Monitoring delivery of the plan and provide escalations to the Health and Wellbeing Board and Derby Safeguarding Adults Board where necessary, quarterly updates provided. Lead delivery of this plan, monitor progress against the 38 to 19 targets, oversee performance, hold partners to agreed actions, identify system barriers and drive service improvement.
Operational coordination	Long Term Rough Sleeping Operational Group, MARSH, Clinical MDT, TPG arrangements, outreach, prison/hospital pathways, and relevant services	Coordinate person-centred interventions, share information, manage multi-agency action plans, monitor risk and identify issues requiring escalation.

Through the Long-term rough sleeping partnership planning group, partners will work collectively to deliver the actions set out in this plan and address barriers that contribute to long-term rough sleeping. The Partnership Group will focus on strategic delivery, performance monitoring, and system improvement. It will not duplicate the case-management functions of MARSH, the Clinical MDT, or

other operational forums, but will use intelligence from these groups to identify trends, address systemic issues, and oversee progress towards Derby's long-term rough sleeping objectives.

7. Monitoring, learning, and system change

The Partnership will use both cohort-level and case-level intelligence to understand whether Derby is making progress and why. Monitoring will include:

- progress against the 38 to 19 LTRS target
- movement into and out of the LTRS measure
- people at risk of becoming long-term rough sleepers through monitoring of the data through the Ending Rough Sleeping Assessment Tool and MARSH
- accommodation status and sustained moves away from rough sleeping
- repeat and return to rough sleeping
- recurring case-level barriers and escalation themes
- progress against agreed partnership actions
- learning from lived experience
- Learning from test-and-learn activity and changes to local systems.

The plan will be kept under review. Where evidence shows that existing arrangements are not achieving the intended outcomes, partners will adapt, test or develop alternative approaches rather than simply repeat existing activity.

8. Partnership action plan

Partnership Action Plan (2026-2029)

Priority Area	Partnership Action	Lead	Key Partners	Timescale	Success Measures
1. Governance and Collective Accountability	Embed the Place Partnership Group as monitoring group for the Long-Term Rough Sleeper Partnership Plan	Derby Homes / Derby City Council	All LTRS Partners	March 2028	Governance arrangements agreed; escalation pathways established; recurring system barriers escalated and resolved; evidence of joint ownership of outcomes.
1. Governance and Collective Accountability	Establish and embed the Long-Term Rough Sleeping Partnership meeting as the oversight group and explore development of a Homelessness and Rough Sleeping Board to provide strategic leadership, escalation routes, and collective accountability.	Derby Homes / Derby City Council	All LTRS Partners	March 2028	Governance arrangements agreed; escalation pathways established; recurring system barriers escalated and resolved; evidence of joint ownership of outcomes.
1.Governance and Collective Accountability	**I**mplement the system-wide national Duty to Collaborate requirement between housing, health, Adult Social Care, criminal justice partners, registered providers and voluntary sector organisations to support earlier intervention, coordinated case management and shared accountability for preventing rough sleeping.	Derby City Council / Derby Homes / Derbyshire Integrated Care Board	All LTRS partners	TBC	Protocol agreed and adopted by key partners; evidence of joint case reviews, earlier interventions and reductions in people entering the Long-Term Rough Sleeper cohort.

Priority Area	Partnership Action	Lead	Key Partners	Timescale	Success Measures
1.Governance and Collective Accountability	Joint training across homelessness, mental health, substance use, housing, and social care, particularly covering: co-occurring needs/dual diagnosis; trauma-informed practice; severe multiple disadvantage; safeguarding; reasonable adjustments and engagement; avoiding exclusionary thresholds.	LTRS Partnership	All Partners	2028	All key partner organisations deliver joint workforce development on severe multiple disadvantage and co-occurring needs, resulting in increased staff confidence, improved cross-agency working and a reduction in exclusionary practices that prevent rough sleepers and those at risk of rough sleeping from accessing support
2. Understand and Target the Response	Refresh MARSH Terms of Reference include dedicated oversight of the Long-Term Rough Sleeping cohort and maintain fortnightly person-level reviews of all individuals within the cohort.	Derby Homes	Police, Probation, Prison, ASC, Health, Cranstoun, Voluntary Sector	January 2027	100% of LTRS cohort reviewed through MARSH; all individuals have agreed actions; earlier identification of repeat rough sleeping and emerging risk.
2. Understand and Target the Response	Nominate a Single Point of Contact (SPOC) from each partner organisation to attend MARSH and support delivery of agreed actions.	LTRS Partnership	All Partners	January 2027	SPOCs identified and attending; improved action completion rates; improved accountability.

Priority Area	Partnership Action	Lead	Key Partners	Timescale	Success Measures
3. Physical Health, Mental Health, Substance Use services, Treatment and Care	Develop and implement a multi-agency escalation pathway for people with complex needs, dual diagnosis and entrenched rough sleeping who are unable to access appropriate mental health, substance use treatment, or care provision. Partners will adopt a 'no wrong door' approach for people with co-occurring mental health and substance use needs. Substance use alone will not be a barrier to accessing appropriate mental health assessment and care, and mental health needs will not be a barrier to accessing substance use treatment. Partners will maintain shared responsibility for individuals with co-occurring needs and work together to prevent people being passed between services.	Health Partners	Adult Social Care, Cranstoun, Derby Homes, Mental Health Services, Public Health	June 2027	Clear escalation route agreed; reduction in cases stalled due to service access issues; increased engagement with substance use services and mental health services.
4. Right Accommodation and Move on Pathways	Review accommodation and support provision for people experiencing entrenched rough sleeping and severe multiple disadvantages, identifying gaps and opportunities to develop more flexible pathways, including substance use recovery accommodation options.	Derby Homes	Derby Homes, Cranstoun, Substance support services	November 2026	Gap analysis completed; grant funded recommendations agreed; increased access to appropriate accommodation pathways for those wanted recovery from substance.
4. Right Accommodation and Move on Pathways	Increase tenancy sustainment through the development of an enhanced support scheme that takes a person-centered move-on planning approach and supports people through transition periods in their life.	Derby Homes / Derby City Mission	Derby Homes / Derby City Mission	January 2027	Improved tenancy sustainment rates at 6 and 12 months.

Priority Area	Partnership Action	Lead	Key Partners	Timescale	Success Measures
4. Right Accommodation and Move on Pathways	Work to increase the availability of suitable and affordable move on accommodation for those ready for independent living	Derby City Council - Strategic Housing	Derby Homes, Housing Providers	April 2029	Increased flow through the housing pathways and increased access to supported housing projects for rough sleepers
4. Right Accommodation and Move on Pathways	Develop greater insight and understanding of the opportunities in the Private Rented Sector (PRS) through the commissioning of a PRS needs assessment.	Derby City Council - Strategic Housing	Derby Homes	April 2029	Maximise Private Rented Sector accommodation as a housing pathway for rough sleepers
5. Building a Sustainable Life Away from Rough Sleeping	Develop a structured transition approach that promotes community connection, volunteering, employment, peer support, and meaningful activity alongside accommodation.	Derby City Mission / Standing Tall	Standing Tall, Living Recovery Foundation, Derby Homes	March 2027	Increased participation in community activities; reduced returns to rough sleeping; improved housing sustainment.
5. Building a Sustainable Life Away from Rough Sleeping	Explore additional support capacity at accommodation services, including Wilkins Drive, to strengthen community integration and social inclusion.	Derby City Mission	Accommodation Providers	January 2027	Increased resident engagement in local activities and support networks.
6. Preventing New Long-Term Rough Sleeping	Undertake quarterly reviews of people who decline accommodation, disengage from support, or return to rough sleeping following accommodation offers.	Derby Homes	All Partners	Ongoing	Learning reports produced; service changes implemented; reduction in new entrants to the Long-Term Rough Sleeping cohort.

Priority Area	Partnership Action	Lead	Key Partners	Timescale	Success Measures
6. Preventing New Long-Term Rough Sleeping	Strengthen use of Ending Rough Sleeping Assessment Tool, prison release planning, hospital discharge planning, and rough sleeping intelligence to identify people at risk of entering the Long-Term Rough Sleeping cohort.	Derby Homes	Prison, Probation, Health, MARSH Partners	Ongoing	Earlier interventions recorded reductions in people entering the Long-Term Rough Sleeping measure.
7. Data and Insight	Develop and maintain a Power BI dashboard providing a shared view of the Long-Term Rough Sleeping cohort, including person-level data on outcomes, risk factors, and service interventions.	Derby Homes	All Partners	January 2027	Dashboard operational; quarterly performance reporting in place to Long Term Rough Sleeper Partnership Meeting; improved use of data to inform decisions.
8. Lived Experience and Co-Production	Develop and mobilise a lived experience-led service to undertake outreach, peer support and engagement with people experiencing rough sleeping.	Living Recovery Foundation / Derby Homes	Living Recovery Foundation, Cranstoun,	January 2027	Lived experience service operational; increased engagement with treatment and support services.
8. Lived Experience and Co-Production	Establish lived experience representation within the Long-Term Rough Sleeping Partnership and develop mechanisms to routinely capture feedback from people experiencing rough sleeping.	LTRS Partnership	All Partners	June 2027	Lived experience informs partnership decisions, service redesign, and evaluation.
8. Lived Experience and Co- production	Develop and mobilise a lived experience 6 bed recovery facility for those experiencing homelessness or rough sleeping who require support with substance use	Living Recovery Foundation / Derby Homes	Living Recovery Foundation, Cranstoun,	January 2027	Lived experience informs partnership decisions, service redesign, and evaluation.

9. Performance Framework

Headline Outcome Measures

Metric	Baseline (Nov 2025)	2026 annual check point	2027 annual check point	2028 annual check point	Target 2029
Number of people meeting the Long-Term Rough Sleeper definition	38				19
Number of people exiting the Long-Term Rough Sleeper cohort (MHCLG definition)	28				Increasing trend
Number of people entering the Long-Term Rough Sleeper cohort	8				Reducing trend
Net change in Long-Term Rough Sleeper cohort	20 (34.48%)				Reducing trend

Understand and Target the Response

Metric	Baseline (November 2026)	2027 annual check point	2028 annual check point	2029 Target
Long-Term Rough Sleeper cohort reviewed through MARSH	New measure so data not available			100%

Physical Health, Mental Health, Substance Use Services and Care

Metric	Baseline (November 2026)	2027 annual check point	2028 annual check point	2029 Target
LTRS cohort registered with a GP	New measure so data not available			Increasing trend
Individuals requiring mental health intervention with active care plan	New measure so data not available			Increasing trend
Individuals requiring substance use services received a referral	New measure so data not available			Increasing trend
Adult Social Care assessments completed where indicated	New measure so data not available			Increasing trend

Right Accommodation and Support

Metric	Baseline (November 2026)	2027 annual check point	2028 annual check point	2029 Target
People moved from LTRS into accommodation	14			Increasing trend
Percentage of LTRS Cohort given an accommodation offer	22 (57.89%)			Increasing trend

Building a Sustainable Life Away from Rough Sleeping

Metric	Baseline (November 2026)	2027 annual check point	2028 annual check point	2029 Target
Long Term Rough Sleepers engaged in meaningful activity, volunteering, training, or employment	New measure so data not available			Increasing trend

Preventing New Long-Term Rough Sleeping

Metric	Baseline (November 2026)	2027 annual check point	2028 annual check point	2029 Target
Prison releases into rough sleeping	3			Reducing trend
Hospital discharges into rough sleeping	0			Reducing trend

Data, Insight and Continuous Improvement

Metric	Target
Power BI dashboard developed and operational and used quarterly to inform service redesign and resource allocation.	Yes

Monthly performance reports produced for the Long-Term Rough Sleeping Partnership Group	100%

10. Approval and Sign-Off

Organisation	Senior representative	Status
Safeguarding Adults Board	Richard Proctor – Independent Chair	Complete
Health and Wellbeing Board	Councillor Alison Martin - Chair	Complete
VCFS representation	Elle Warrner Davis – Chief Executive Derby City Mission	Complete