Long Term Rough Sleeping Action Plan

Date of meeting:
Health & Wellbeing Board 1st October 2026

Assistant Mayor for Housing: Cllr Elly Cutkelvin
Lead Director: Chris Burgin

Useful information

- Ward(s) affected: All
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1. Summary

1.1 Following the publication of A National Plan to End Homelessness in December 2025, the Government has set a national ambition to halve long-term rough sleeping by the end of this Parliament. As part of this approach, the Ministry of Housing, Communities and Local Government (MHCLG) has introduced guidance requiring certain local authorities to develop Long-Term Rough Sleeping Partnership Plans. These plans are intended to complement local homelessness strategies and drive sustainable system change for people experiencing the most entrenched forms of rough sleeping.

1.2 MHCLG have stated that partnership plans are expected to be a collaborative and co-owned document, involving a wide range of partners, including commissioned and non-commissioned support providers, and partners from health, social care, housing and community safety. Plans should be co-produced and co-signed by at least one Voluntary, Community and Faith Sector (VCFS) partner, also signed and approved by the Health and Wellbeing Board and the Safeguarding Adults Board.

2. Recommended actions/decision

2.1 Leicester has been chosen as one of the local authorities required to develop this plan providing a strategic opportunity to align partners around a shared vision, improve service integration and strengthen outcomes for rough sleepers with the most complex needs.

Members of the board are invited to consider and approve the action plan and priorities to support the reduction of long-term rough sleepers in Leicester. The plan is currently in draft form and has been circulated to members separately to this report.

3. Scrutiny / stakeholder engagement

3.1 The development of the plan was informed through engagement with a range of stakeholders and partners. The Council has worked closely with the Voluntary and Community Sector Partnership (VSP) to co-produce the plan, ensuring that the priorities reflect local need, partnership intelligence, and the experiences of those accessing homelessness services.

3.2 Furthermore, there has been active engagement with the Leicester Integrated Health & Care Group who have discussed the importance of delivering the plan through a whole-

system partnership approach. The Group recognises that homelessness and rough sleeping is influenced by multiple factors and therefore requires shared responsibility across partner organisations. Members of the Group have committed to support the development and delivery of the plan by reinforcing strong local partnership working through a coordinated and collaborative approach. This will ensure that health, housing, social care and other key stakeholders work together to prevent homelessness and rough sleeping in Leicester to improve outcomes for vulnerable residents in line with national objectives.

4. Background

Rough sleeping remains a significant challenge in Leicester and is often the most visible indicator of wider housing and homelessness pressures across the city. While the number of people sleeping rough fluctuates throughout the year, ongoing pressures within the housing market, increasing demand for homelessness services, and limited access to affordable housing continue to place vulnerable individuals at risk of rough sleeping. Despite the challenges the teams dedicated outreach, prevention and accommodation services continued to support individuals away from the streets and into more stable housing.

4.2 Over the last 12 months (July 2025 to June 2026), a total of **748** rough sleeping presentations were recorded by Outreach services in the city. This figure relates to all unique individuals found rough sleeping over this period, it also includes those who didn't disclose a name or engage with the Rough Sleeping Outreach teams and were only identifiable by their sleeping rough location. The average number of rough sleeper presentations during a single night count is **33** whereas the average total rough sleepers found each month is **98**, both data sets include unidentifiable rough sleepers.

4.3 The most common reasons individuals give for sleeping rough include being asked to leave by friends or family members and being long-term entrenched rough sleepers who are disengaged from support services and experiencing multiple disadvantages. Other groups include people who have been evicted from temporary or permanent accommodation, individuals leaving prison, and, on rarer occasions, people with no recourse to public funds. We also support a small number of individuals who have secure tenancies but choose to sleep rough intermittently.

4.4 During the annual verified rough sleeping count in 2025/26, the outreach team identified 51 verified rough sleepers within Leicester city boundaries, a reduction of 16% compared with the previous year's count of 61, indicating some positive progress in addressing rough sleeping despite continued pressures across the homelessness system.

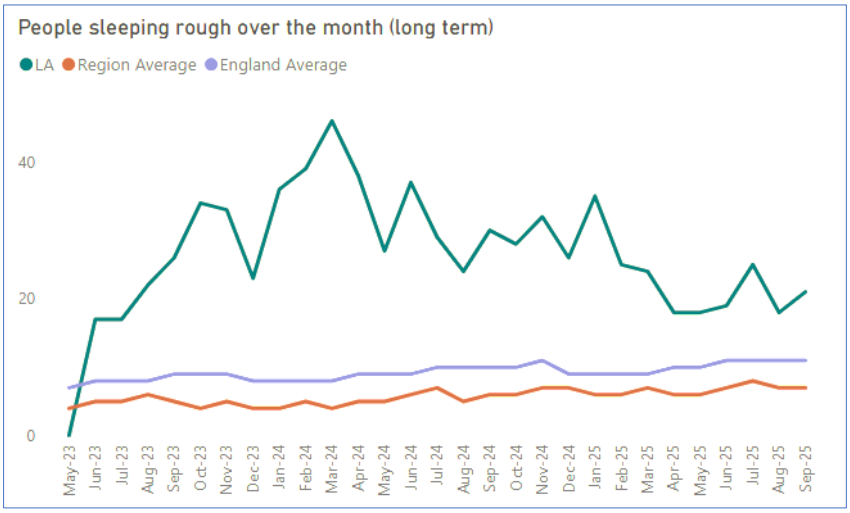
Table 1 – Rough Sleeping Indicators

Indicator		Q1	Q2	Q3	Q4
Rough sleeping single night	**2025/26**	36	27	29	38
Rough sleeping single night	2024/25	31	27	37	29
Rough sleeping long term	**2025/26**	19	21	21	16
Rough sleeping long term	2024/25	37	30	26	24

4.5 Table 1 shows that the number of people identified as rough sleeping on a single night fluctuated throughout 2025/26 and remained broadly comparable with the previous year. While quarterly counts varied, there was no sustained increase in rough sleeping overall.

4.6 A **long-term** rough sleeper is defined as a person who has been observed rough sleeping recently and on at least three separate occasions across different months within the last 12 months. The number of people experiencing long-term rough sleeping reduced significantly across all four quarters and represented a reduction of around 33% when comparing the year end performance to 2024/25. Despite the reduction, the Council is committed to continue targeted interventions to reduce the number of people remaining entrenched in rough sleeping and despite ongoing pressures within the wider housing and homelessness system.

Table 2 – Comparison to regional and national average



4.7 Table 2 shows the number of unique individuals identified as long-term rough sleepers each month, compared with both the regional and national averages. The data highlights that Leicester has consistently recorded higher levels of long-term rough sleeping than both the regional and England averages throughout the reporting period almost four time the regional average and three times the national average. This demonstrates that while progress has been made, there remains a persistent cohort of individuals with complex needs who require intensive and coordinated support.

The Plan & Next Steps

4.8 The developed partnership plan will enable key agencies are engaged from the outset and that there are clearly defined partner-led actions and accountabilities that support delivery of agreed outcomes. This reflects the wider national emphasis on prevention, early intervention, and safeguarding some of our most vulnerable residents.

4.9 The action plan will be a live working document that is reviewed and updated regularly to reflect progress, emerging challenges, and changing local priorities. A key requirement is meaningful partner involvement in both the development and delivery

of the strategy. The Council will have clear strategic oversight, including at multi-agency boards like the Multiple Disadvantage Board and Homeless Delivery Group to help monitor progress and drive collective ownership of the plan.

4.10 Next steps will involve continued active engagement with partner organisations, relevant partnership groups and sub-groups, and the Safeguarding Adults Board to secure endorsement of the plan. Subject to approval, preparations will commence to support the implementation and delivery of the agreed actions at the earliest opportunity and to assign lead agencies and finalise the plan for publication.