Keep Well Collaborative[1]
Keeping people safe and well at home

Homelessness/Rough Sleeping Covid19 Detailed collaborative briefing
Issued: Tuesday 24 March 2020

This paper has been produced by collating a range of feedback and online resources from homelessness services to prompt greater cross-boundary and organisational collaboration. It is not intended to be prescriptive or exhaustive, but instead encourage debate, discussion and greater combined action to enable better support to local people through this pandemic who are experiencing homelessness.

Developing Covid19 guidance specific for people experiencing homelessness is particularly challenging given the complexities of this client group. The Government's current 'delay' methodology is flawed for this cohort given their low tendency to seek help and ability to self-isolate - they remain at significant risk.

Key challenges for people experiencing homelessness:

- **Limited access to handwashing / hygiene facilities**
- **Multiple occupancy, hostels, night shelters and winter bed provision with shared living and communal facilities, including toilets, cutlery, crockery, etc**
- **Not able to self-isolate**
- **Typically have long term/chronic health conditions therefore greater vulnerability to the effects of viral infection due to impaired immunity**
- **Health compounded by lifestyle ie lack of nutrition, poor wound healing, drug and alcohol misuse, sex working etc may mask symptoms of Covid19**
- **May be considered a non-compliant cohort ie not following instructions**
- **Some do not have access to, or are not registered with GPs and so significant health inequalities are already present**
- **There may be limited capacity to understand instructions**
- **Limited catering offered**
- **During the day people in this cohort tend to be street based, or use Day Centres**

Key operational challenges for housing organisations

1. **Cohort potentially more vulnerable than over 70s** who are adequately housed
2. **Limited capacity for self-isolation** without significantly reducing bed occupancy, but what happens to those individuals turned away?
3. **Staff lack access to appropriate PPE**

[1] The Keep Well Collaborative is a network of housing, health, social care, statutory and voluntary agencies who work together to improve the mental health and wellbeing of local communities by keeping people safe and well at home. Facilitated by Shared Ventures Ltd www.keepwellcollab.co.uk @KeepWellCollab #Collaborate

4. Require **support with supply chain continuity** for hand soap, alcohol hand gel/sanitisers, anti-bac handwash, tissues, toilet rolls, cleaning materials etc
5. **H&S concerns over staffing levels** – particularly if staff self-isolate, or impact as schools close, and resultant impact of this on reduced bed and staffing capacity to manage services, which may be further compounded by additional referrals from local authority (LA) partners
6. Need to **increase staff capacity**, but challenging given skills/experience required to work with this cohort of people
7. Support to services also **impacted by loss of volunteers** (many who tend to be older)
8. Placing **rough sleepers out of area to self-isolate due to local supply pressures may compromise self-isolation** due to risks of individual travel in and out of area to access services and social networks.
9. **Additional costs** with the provision of additional cutlery, crockery, towels, bedding, laundry
10. Lack of **facilities to securely store waste, laundry**
11. **Access to wider support services** impacted by staff shortages elsewhere in the system ie drug and alcohol misuse services and to sustain welfare benefit claims
12. **Provision of activities to support wellbeing** of those in self-isolation as less likely to have access to consistent TV, phone, IT etc
13. **Financial resilience of accommodation providers** ie if hostel occupancy reduces, voids increase, income from housing benefit will reduce, creating significant financial exposure.

Strategic and tactical considerations

Whilst the Government has reiterated its guidance on the Duty to Refer[2] to ensure planned hospital discharge for people experiencing homelessness to protect them from being discharged to the street, operationally there remains an urgent need to:

Communications/Engagement:

1. Urgently **codesign a homelessness community response strategy** with district and unitary housing options teams, specialist housing and voluntary sector homeless service providers, public health, local authority, social care, ambulance, DWP, police partners and people with lived experience of homelessness including veterans.

2. **Understand the scale** of known homelessness provision and number of people supported by these services/charities across the geographical footprint

3. Provide specific guidance on how to co-ordinate a response across the entire footprint. **Appoint a Homelessness Lead to co-ordinate different agencies and feed into local emergency plan response, both at district, unitary and county levels**.

4. **Prevent the further stigma** of this cohort – ensuring *we don't add fuel to the fire* in terms of stereotypical categorising of people who are currently experiencing homelessness within society – so messaging and communications with public and partners must be considered and measured.

[2] Enacted October 2018 as part of the Homelessness Reduction Act 2017
https://www.gov.uk/government/publications/homelessness-duty-to-refer

5. **Comms and messaging to people on the streets and in hostels** is also key to reassure, inform and engage individuals in self-care ie hand-washing

Suggested risk mitigation activities:

1. **Proactive outreach case finding/testing** identifying those particularly vulnerable individuals ie Over 40s with existing COPD, asthma, heart disease etc as this cohort are already challenged by limited access to appropriate and timely healthcare services

2. **Establish clear protocols** for:
    a. **Supporting people on the streets** with prevention advice and if necessary, support to access treatment/ self-isolation
    b. Supporting **people who become unwell within shared accommodation** (ie hostels, B&B) or day centre services
    c. **Standardised site cleaning and waste handling** practice
    d. **Triage protocol** for transferring severe cases to Intensive Care Units (ICUs)
    e. **Emergency Department (ED) Triage protocol for people experiencing homelessness presenting/attending acute settings** and turned away to 'self-isolate'
    f. **Documenting, supporting and monitoring the number of 'hidden' homeless** within communities ie nightly 'pay to stay' projects, sofa surfers, those sleeping in cars, tents, squatting, etc who may be asked to leave if they become unwell, creating a potential swell of people seeking statutory support previously unknown to services

3. **Urgent need for additional multiple venues where clients can be (cohorted) accommodated and cared for**, so as not to further impact hospital flow, separated by:
    - Those who are well and haven't got the virus
    - Those suspected of having the virus, and
    - Those that have the virus, putting them in a place where they can be cared for

4. **Working with accommodation providers who are restricting access to explore how they can remain part of the solution**

5. **Development of in-reach acute hospital housing service preventing discharge no fixed abode (NFA) across all settings** and to ensure people do not have Covid19 on leaving hospital.

6. Addition of **in-reach housing service supporting ambulance response to people who are rough sleeping/street homeless** to secure them access to accommodation. This cohort need a viable option once picked up and risk assessed so they are able to self-isolate in a safe place.

7. Provision of **open-air kitchens and street-based GPs** as high levels of drug and alcohol detox takes place in services with some heavily medicated due to risk of mortality – may require withdrawal of support or substitute prescribing. Development of street packs - food packs, water, hand sanitiser, wipes

8. **Support from Police for those who 'use' / drink on the street** including impact of any anti-social behaviour

9. Support from **Community Mental Health Teams (CMHTs) to support wellbeing of those further impacted by additional hygiene requirements and self-isolation** – including the psychological impact on housing staff dealing with a potential increase in the number of homeless fatalities

10. Consideration given by local authorities to the **reinstatement of previous reductions in local authority social inclusion (non-statutory) budgets**.

11. **Review wider access to local authority Discretionary Housing Payments (DHP) to prevent homelessness, with local authorities implementing a voluntary duty for a period to support people who may currently be classed as 'intentionally homeless'.**

12. **Explore the risk appetite of social landlords to suspend evictions** for a period to reduce risk of further homelessness.

13. Understand how local authorities might **extend the period of assessing claimants who are thought to have no recourse to public funds.**

14. Extension of the **Duty To Refer (DTR) as a voluntary DTR across the system** for all partners and not only those required by law.

15. **Suspend the implementation of benefit sanctions for a period for those who experience homelessness** or are unable to meet their claimant commitment through impact of Covid19.

16. Mobilisation of partner agencies within **Primary Care Networks (PCNs) to collaborate in reducing the impact of the virus on local communities** to reduce risks of homelessness.

Alternative housing solutions:

- People experiencing homelessness may be turned away from hostel/shared accommodation irrespective of whether or not they are showing symptoms – but what happens to them? Is there opportunity within:
    - **Private rented sector**
    - **Airbnb**
    - **Houses in multiple occupation**
    - **Empty commercial office requisition**
    - **Student accommodation** (although 'education' clause in planning permission)

- Engagement with local authority (LA) parks - **are people safer in a tent? Ie Red Cross / military response** with access to water and sanitation

- **Utilise dormant public sector land to provide one bed modular homes** (circa 12 week lead time) solutions with wrap around housing and healthcare support

Do nothing? Potential impact:

- Significant fatalities within this cohort, including fatalities on the street
- Increased discharge delays / delayed transfers of care (DTOC) for people NFA
- Increase in 999 calls
- Risks to workforce
- Risks to financial stability of homelessness and associated providers
- Risks to wider population
- Homeless community are further stigmatised

There is an urgent need to co-design a system-wide homelessness community response which is informed and supported by health commissioners and providers, centrally co-ordinated and enables local emergency planning arrangements at district, unitary and county level in order to prevent an escalation of health inequality and further stigma for this community.

Sources:

- Ministry of Housing, Communities & Local Government (MHCLG) plus published guidance: https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping/covid-19-guidance-for-hostel-or-day-centre-providers-of-services-for-people-experiencing-rough-sleeping
- Government Covid-19 Hospital Discharge Service Requirements: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874213/COVID-19_hospital_discharge_service_requirements.pdf
- UCL Institute of Epidemiology and Health Care https://vimeo.com/397305607?ref=em-share
- Find & Treat https://vimeo.com/397305841?ref=em-share
- The Society of St James
- Southampton City Council
- Winchester Night Shelter
- Fareham Borough Council
- Portsmouth City Council

Queries, comments or examples of where collaboration is working well?

Please contact:

Sharon Collins
sharon.collins@sharedventures.co.uk
07740 482976

Patrick Fowler
patrick.fowler@sharedventures.co.uk
07961 291515

www.keepwellcollab.co.uk

@keepwellcollab

FutureNHS Collaboration Platform