

# Keep Well Collaborative<sup>1</sup>

## Keeping people safe and well at home



### Homelessness/Rough Sleeping Covid19 Collaborative briefing

Issued: Tuesday 24 March 2020

#### Summary

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.

#### The current situation

There is a significant homeless community sleeping rough or in multiple occupancy hostels, night shelters, shared houses and temporary winter bed provision with shared living and communal facilities. During the day some people are able to use Day Centre services (where provided) or some spend time living on the street.

This community already has a high prevalence of long-term health conditions compounded by a lack of nutrition, hygiene facilities and drug and alcohol misuse, often struggling to access healthcare services which contributes to significant health inequalities.

The Government's current 'delay' methodology in response to the ongoing coronavirus / Covid19 outbreak is flawed for this cohort (as they cannot self-isolate) and is likely to remain so given the recent advice on social distancing for vulnerable people regardless of symptoms. As a community therefore they are at significant risk.

At the time of writing there does not appear to be a strategic response encompassing all relevant parties/agencies.

#### The problem

Homelessness housing providers have implemented emergency plans but report a number of immediate operational challenges including:

1. Practical issues in sustaining a supply chain for PPE, hand soap, alcohol gel/sanitiser, toilet rolls, cleaning materials etc, and secure storage of waste, dirty laundry
2. Challenges in maintaining staffing levels, with plans in place to reduce capacity of shelters to ensure H&S ratios of staff to clients are maintained. Services are also impacted by the loss of volunteers
3. Additional costs in the provision of cutlery, crockery, towels, bedding etc at a time when income via Housing Benefit is projected to reduce in line with occupancy, creating significant financial exposure
4. The need to urgently find alternative housing provision where clients can be 'cohorted' and cared for, ultimately avoiding further impact on hospital flow and demand for wider health and care services
5. Some clients are 'non-compliant' ie in some larger hostels they are not reacting well to be asked to wash hands, and even if they have a single room, will not self-isolate
6. There is a lack of strategic response, guidance and operational protocols to support those who become unwell, cleaning and waste handling, transfer of severe cases to Intensive Care Units (ICUs) or Emergency Department (ED) Triage protocols for people experiencing homelessness who present at acute settings and then turned away to 'self-isolate'

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<sup>1</sup> 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](http://www.keepwellcollab.co.uk) @KeepWellCollab #Collaborate

7. The concerns over support available for people with no recourse to public funds and
8. The continued discharge of people from ED, inpatient or prison settings with No Fixed Abode (NFA).

## The implications

The consequences of a lack of co-ordinated, systematic response are significant and include:

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

## A system response

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.

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

- Additional multiple venues for people to be 'cohorted'
- Alternative flexible range of housing solutions
- Proactive outreach case finding/testing for Covid19
- Clear and consistent protocols and proactive supply chain management
- Extension of acute hospital, ambulance and prison 'in-reach' housing services preventing discharge NFA
- The development of street-based GP services and open-air kitchens
- Support from Police for those who 'use' / drink on the street
- Support from Community Mental Health Teams (CMHT) to support those whose wellbeing is further impacted by additional hygiene and self-isolation requirements
- Mobilisation of local Primary Care Networks (PCNs) to collaborate in reducing the impact of the virus on local communities to reduce the risks of further homelessness.
- Timebound:
  - reinstatement of non-statutory social inclusion budgets
  - review of Discretionary Housing Payments (DHP) to prevent homelessness and support a voluntary duty to support those classed as 'intentionally homeless' or have no recourse to public funds
  - suspension of all social housing evictions to reduce risk of further homelessness
  - suspension of benefit sanctions for those unable to meet claimant commitment

## Queries, comments or examples of where collaboration is working well? Please contact:

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