

Rough Sleepers and Complex Homeless – Covid response, lessons learned and planning for the future

Lead Officer: Mark Leeman

Author: Mark Leeman

Contact Details: m.leeman@somersetwestandtaunton.gov.uk

| | |
|--------------------------------|---|
| <p>Summary:</p> | <p>This report sits alongside a detailed briefing document prepared and presented on behalf of the Somerset Strategic Housing Group, with assistance from members of the Homelessness Cell/Managers Group</p> <p>The detailed briefing note covers:</p> <ul style="list-style-type: none"> • An outline of Government advice to protect rough sleepers/complex homeless during the Covid emergency • A description of the partnership response including what we did, and lessons learned • Anticipated short-term pressures • A description of how the rough sleeper response relates to other areas of ongoing strategic housing and health activity • Suggestions on ideas for taking forward partnership work, and to seek Health & Wellbeing Board support and approval to particularly develop a Somerset Homelessness Reduction Board to continue the good work to date |
| <p>Recommendations:</p> | <p>That the Somerset Health and Wellbeing Board agrees</p> <ol style="list-style-type: none"> 1. To reaffirm the commitment to work collectively to support the rough sleeper / complex homeless cohort and bring the proposed Memorandum of Understanding for Health, Care and Housing to the September Board meeting 2. Exploring the creation of a Somerset Homelessness Reduction Board with a reporting mechanism to the Health and Wellbeing Board |

| | | | | | | | | | |
|--|---|--|-----------------|--|-----------------|---|-----------------|---|-----------------|
| <p>Reasons for recommendations:</p> | <p>There has been significant work throughout the Covid response to date for those who are homeless and rough sleeping. It is imperative that this work, and ways of working are reflected upon, maintained and developed further going forwards.</p> | | | | | | | | |
| <p>Links to The Improving Lives Strategy</p> | <p>Please tick the Improving Lives priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 432 1465 898"> <tr> <td data-bbox="544 432 1289 557"> <p>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</p> </td> <td data-bbox="1289 432 1465 557"> <p>x</p> </td> </tr> <tr> <td data-bbox="544 557 1289 683"> <p>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</p> </td> <td data-bbox="1289 557 1465 683"> <p>x</p> </td> </tr> <tr> <td data-bbox="544 683 1289 768"> <p>Fairer life chances and opportunity for all</p> </td> <td data-bbox="1289 683 1465 768"> <p>x</p> </td> </tr> <tr> <td data-bbox="544 768 1289 898"> <p>Improved health and wellbeing and more people living healthy and independent lives for longer</p> </td> <td data-bbox="1289 768 1465 898"> <p>x</p> </td> </tr> </table> <p>It is critical that we maintain the partnership work around this community of people, particularly with the prospects of further potential Covid flare ups and possible localised lockdowns. The collaboration between partners has worked well, to the benefit of rough sleepers/those with complex lives, and we need to maintain and build on this going forward.</p> | <p>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</p> | <p>x</p> | <p>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</p> | <p>x</p> | <p>Fairer life chances and opportunity for all</p> | <p>x</p> | <p>Improved health and wellbeing and more people living healthy and independent lives for longer</p> | <p>x</p> |
| <p>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</p> | <p>x</p> | | | | | | | | |
| <p>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</p> | <p>x</p> | | | | | | | | |
| <p>Fairer life chances and opportunity for all</p> | <p>x</p> | | | | | | | | |
| <p>Improved health and wellbeing and more people living healthy and independent lives for longer</p> | <p>x</p> | | | | | | | | |
| <p>Financial, Legal, HR, Social value and partnership Implications:</p> | <p>Financial, Legal and Social Value - None at this stage. Subject to the recommendations above being approved (giving a green light for further detailed work) – these will then be thoroughly explored alongside specific proposals and presented back to the Health and Wellbeing Board for due consideration</p> <p>Partnership Implications: Significant – this report presents a detailed picture of the current partnership activity around the rough sleeper cohort, and presents a case for enhanced cooperation / integrated working</p> | | | | | | | | |
| <p>Equalities Implications:</p> | <p>None at this stage. Subject to the recommendations above being approved (giving a green light for further detailed work) – these will then be thoroughly explored and used to inform specific proposals, and presented back to the Health and Wellbeing Board for due consideration</p> <p>A comprehensive equalities impact assessment was recently completed to inform the development of the Somerset Homelessness and Rough Sleeper Strategy. We shall refer to this when considering the development of specific proposals</p> | | | | | | | | |

| | |
|--------------------------------|---|
| | <p>In addition, the report makes reference to ongoing evidence gathering – e.g. Vulnerability Pathways and Health Needs Assessment (see page 10 of Appendix A). Both of these pieces of work will provide a rich source of equalities relevant data to inform the development of specific proposals / future commissioning arrangements.</p> |
| <p>Risk Assessment:</p> | <p>There are significant risks around the failure to maintain and enhance coordination of service delivery to the rough sleeper / complex homeless community</p> <p>Risks to an individual’s health</p> <p>Risks to partner relations</p> <p>Impacts on budgets across systems as we lose coordination</p> <p>Any proposals going forward will be subject to a full risk assessment</p> |

1. Background

1.1. This report seeks to :

- Outline Government advice to protect rough sleepers/complex homeless during the Covid emergency
- Describe the partnership response including what we did, and lesson’s learned
- Outline anticipated short-term pressures
- Describe how the rough sleeper response relates to other areas of ongoing strategic housing/health activity
- To suggest some ideas for taking forward partnership work, and to seek the support of the Health & Wellbeing Board through specific recommendations

1.2. This report is supported by a detailed briefing note – Appendices A to B, that describe activity undertaken, data (what was achieved), successes, issues, and challenges. It makes suggestions for enhanced / integrated partnership activity that shall be referred to below and has been used to inform the recommendations within this report

1.3. **MHCLG - Protecting rough sleepers during the Covid emergency**

On the 26th March the Rt Hon Luke Hall MP (Minister for Local Government & Homelessness) wrote to all local authorities and asked that all rough sleepers be taken off the streets and housed within accommodation that allows for the possible need to self-isolate. The preference was to identify units of self-contained accommodation with appropriate washing and toileting facilities.

The Government gave a target of two weeks for the completion of this exercise.

1.4. Somerset - Responding to the Covid emergency to protect rough sleepers

A Somerset Homelessness Cell was rapidly established, comprising all key partners e.g. public health, Clinical Commissioning Group, district councils, probation, police, adults and children’s social care, Turning Point and mental health services. The Homelessness Cell reports to the Community Resilience Cell. District Councils responded with the establishment of 157 bed spaces, utilising hotels, bed and breakfast accommodation, houses and a college campus. Housing management services and security were organised. This was all achieved in a little over two weeks.

1.5. Rough Sleepers – numbers supported and the important role of support services

With the onset of Covid, the number of rough sleepers rose considerably, despite the Government freeze on evictions. There may be a number of reasons for this, including people losing their jobs in a fragile employment setting (e.g. pubs, farm workers, chefs etc); vulnerable adults having to shield and requiring any friends / relatives who may be ‘sofa surfing’ to find alternative accommodation, and prison releases

The table below presents a quick snap shot of the number of rough sleepers that have been supported across Somerset since the onset of Lockdown.

Much more detail is provided at Appendix B (Covid rough sleeper response by district)

| Totals | MDC | SDC | SWT | SSDC |
|--------------------|------------|--------------|------------|-----------------|
| Accommodated | 20 | 27 (at peak) | 68 | 53 (36 at peak) |
| Refusing to engage | 4 | 6 | 9 | Varies: 2 to 6 |
| Evicted | 5 | 4 | 3 | 7 |
| Moved on | 10 | 9 | 10 | 22 |

The response of support services was generally good to excellent and critical, with coordination provided through the Cell structure. The figures above and the detail at Appendix B are evidence to what can be achieved when all essential services are working together i.e. many people have been stabilised; have formed new friendships; are receiving the support they so desperately need; and many are moving on from emergency / temporary accommodation. Also critical to this success is the nature of the accommodation provided i.e. self-contained non-hostel type facilities.

It is apparent that the response of support services varied across Somerset. Canonsgrove received excellent engagement – with on-site support (clinics) from Mental Health teams (including dual diagnosis), Turning Point and Second Step. The provision of laptops at Canonsgrove also aided support – enabling contact when services were not on-site via Skype etc. YMCA were on site to provide tenancy support. Other localities did not receive such levels of support. There may be several reason for this. The concentration of numbers within Canonsgrove may have been easier to service, as was the ability to provide on-site clinics. Providing consistent service provision across the county is an area for further consideration.

It is important to note that, during the period, there were no confirmed cases of Covid 19 within the Somerset rough sleeper community.

1.6. Covid Response – taking stock

The five headline achievements were as follows:

- Rapid delivery of appropriate accommodation and support
- Speed of decision making
- Joined-up /partnership approach between housing, health and care
- A commitment from providers to help
- Success stories – many residents (54 total) stabilised and able to move on

The above should be read alongside Appendix B (page 6), where more detail can be found, of both achievements and areas that require further attention.

1.7. Anticipated future pressures

The Autumn is going to be tough. We shall have rough sleepers, plus increased demand from people losing jobs and needing cheaper accommodation (social housing requirement will increase); family homelessness plus single homelessness. We are also expect an increase in divorces, and evictions (S21 notices).

1.8. Immediate Future – MHCLG Steer

The government are very keen that we don't evict everyone back on the streets. Also, that we should develop integrated commissioning with a view to preventing the 'revolving door' and stopping rough sleeping. However they are not yet ready to share their plan around this. Nevertheless, to do this properly will require a joined up 'health and wellbeing' approach – a reframing of the perspective away from one of purely 'housing'. The Covid situation has highlighted more than ever, that health and care, alongside housing, are the key determinants in the future prospects of any rough sleeper. There is a need to bring together accommodation, health (physical and mental), addiction (drug and alcohol), education, skills and training, and social care etc into a hub model (physical/virtual), which is jointly resourced (integrated commissioning).

1.9. Rough Sleeping and Complex Homeless – other current contextual work

The Covid Response to rough sleeping and complex homeless is but one element of a complex jigsaw of work that is currently being undertaken to support vulnerable individuals and families within Somerset. Full details are provided at Appendix A:

- LGA Improvement Plan – Housing Advisors Programme (SSHG)
- Positive Lives – recommission (Public Health)
- Pathways to Independence – recommission (Children’s Services)
- Vulnerability Pathways (Public Health)
- Homeless Health Needs Audit (Public Health)
- Neighbourhoods (CCG)
- Somerset Health, Care and Housing Memorandum of Understanding (HWBB)

2. Improving Lives Priorities and Outcomes

2.1. Housing impacts significantly on health inequalities, through poor housing standards (e.g. cold and damp, trip hazards), inappropriate housing (too big, too small, lack of level access, no adaptations) and insecurity of tenure (inability to pay your rent, leading to eviction, homelessness and possibly rough sleeping). Both the Somerset Housing Strategy and Improving Lives recognise this relationship.

3. Consultations undertaken

3.1. Consultations are underway at Canonsgrove to capture the feedback of residents regarding the facility and support provided. Public Health are currently organising specific consultations in relation to this cohort. The results of these will be used to inform further work and commissioning

4. Request of the Board and Board members

4.1. It is critical that we maintain the partnership work around this community of people, particularly with the prospects of further Covid spikes / possible localised lockdowns, and ongoing pressures within our respective service areas. The collaboration between partners has worked, to the benefit of rough sleepers/those with complex lives, and we need to build on this going forward

We believe that there are certain things that need to happen

Firstly, we need to reframe the conversation as a ‘health and wellbeing issue’. Central to the issues affecting rough sleepers are an array of health issues (both physical and mental)

Secondly, we need all HWBB partners to reaffirm the commitment to work collectively to support the rough sleeper / complex homeless cohort i.e. attendance at Cell meetings and multi-agency calls, provision of resource. This

to include district level Social Exclusion Panels.

Thirdly, to debate a proposed Health, Care and Housing MoU at the September 2020 meeting of H&W Board. With regard to rough sleeping and complex homeless, this will need to explore strategic systems leadership and integrated commissioning. This is a longer term piece of work, and will initially require a data gathering phase

Fourthly, to explore the creation of a Somerset Homelessness Reduction Board (to galvanise partnership working at operational level – as discussed in Tackling Homelessness Together/MHCLG (2019). This will probably emerge from the work of the Homelessness Cell, and is certainly something that MHCLG wish to see. The Positive Lives Strategic Board could possibly be the vehicle to take this forward, within the governance structure of the HWBB

5. Background papers

- 5.1. Please refer to Appendices A (full briefing note) and B (Covid Rough Sleeper response by District)

6. Report Sign-Off

6.1

| | Seen by: | Name | Date |
|------------------------|---|------------------|-------------------------------|
| Report Sign off | Relevant Senior Manager / Lead Officer (Director Level) | Lou Woolway | 09/07/20 |
| | Cabinet Member / Portfolio Holder (if applicable) | Clare Paul | 09/07/20 |
| | Monitoring Officer (Somerset County Council) | Scott Wooldridge | Click or tap to enter a date. |