

Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus)

Thursday 16 July 2020
10.00 am Virtual meeting via Microsoft Teams



SUPPLEMENT TO THE AGENDA

To: The Members of the Somerset Health and Wellbeing Board

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 7	Homelessness (Pages 3 - 26) To discuss the report
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Democratic Services, County Hall, Taunton, TA1 4DY

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

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<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

Reasons for recommendations:	<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>								
Links to The Improving Lives Strategy	<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"> A County infrastructure that drives productivity, supports economic prosperity and sustainable public services </td> <td data-bbox="1289 432 1465 557"> x </td> </tr> <tr> <td data-bbox="544 557 1289 683"> Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment </td> <td data-bbox="1289 557 1465 683"> x </td> </tr> <tr> <td data-bbox="544 683 1289 768"> Fairer life chances and opportunity for all </td> <td data-bbox="1289 683 1465 768"> x </td> </tr> <tr> <td data-bbox="544 768 1289 898"> Improved health and wellbeing and more people living healthy and independent lives for longer </td> <td data-bbox="1289 768 1465 898"> x </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>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	x	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	x	Fairer life chances and opportunity for all	x	Improved health and wellbeing and more people living healthy and independent lives for longer	x
A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	x								
Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	x								
Fairer life chances and opportunity for all	x								
Improved health and wellbeing and more people living healthy and independent lives for longer	x								
Financial, Legal, HR, Social value and partnership Implications:	<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>								
Equalities Implications:	<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.

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Report to HWBB - 16th July

Appendix A

Full Briefing Note

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

Mark Leeman (Strategy Specialist - Housing and Health, SWT) representing Somerset Strategic Housing Group

With support from:

Jai Vick (Homelessness Service Manager, MDC) representing Somerset Homelessness Cell (Covid) & Somerset Homelessness Managers Group

Purpose

The purpose of this briefing note is 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

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 them to focus on rough sleepers / those in hostels. Specifically, the request was that this cohort have access to facilities that enable them to adhere to public health guidance on hygiene and isolation, ideally single room facilities, ensuring that they are able to self-isolate if necessary. Local authorities were also asked to assist those with 'no recourse to public funds' who require shelter and support. The letter stated that:

This should be done by taking the following programme of actions:

1. Convening a local coordination cell to plan and manage your response to COVID and rough sleeping involving the local authority (housing, social care and public health) and local NHS partners together. This would then report in to wider local COVID structures.
2. Seeking to stop homeless people from congregating in facilities such as day centres and street encampments where there is a higher risk of transmission
3. Urgently procuring accommodation for people on the streets if you have not already done so - MHCLG will support you to do so if you are struggling to procure sufficient units
4. Triaging people where possible into three cohorts driven by medical advice:
 - those with symptoms of COVID19;

- those with pre-existing conditions but without symptoms; and
- those without any of the above.

Attached to this letter is additional guidance on the approach that agencies should be taking to triaging agreed with NHS England and Public Health England.

5. Getting the social care basics such as food, and clinician care to people who need it in the self-contained accommodation. It is likely that you will need to utilise your commissioned homeless services to provide support to people in this accommodation and we urge you to work with the commissioned and non-commissioned sector to make sure there are adequate levels of support provided.

6. If possible, separating people who have significant drug and alcohol needs from those who do not.

In the longer term it will of course be necessary to identifying step-down arrangements for the future, including the re-opening of shelter-type accommodation.

Somerset - Responding to the Covid emergency to protect rough sleepers

Somerset quickly established a Homelessness Cell that reported to the Community Resilience Cell. The Homelessness Cell comprises representation from: Public Health, CCG, all district councils, Adult Social Care, Children Services (P2I), Somerset Partnership, Turning Point and Probation

The MHCLG target was to have no rough sleepers on the streets within a fortnight of issuing their guidance. This was an exceptionally challenging timescale, and necessitated of a review of existing accommodation arrangements to ensure that clients could self-isolate (should that be necessary). MHCLG stated that money would be available to support these arrangements until the end of June 2020

Below we have summarised the district response to accommodating all Somerset rough sleepers, as well as highlighting current arrangements.

Mendip District Council - MDC

MDC usually operate with a 6 bed rough sleeper hostel. Upon Lockdown, this had to be closed and residents decanted

The MDC response was to commission 20 units of emergency accommodation. This ranged from B&B facilities (for less complex clients), hotel provision to a house within a holiday retreat (for the most complex clients). On site security was provided at all facilities (up to 24 hour)

The MDC target was to have everybody moved on by the end of June. There is now only 1 resident remaining within Covid accommodation.

Sedgemoor District Council - SDC

SDC block-booked 12 units of accommodation. This comprised two Houses in Multiple Occupation - HMO (6 units of accommodation) and 6 additional units provided by the

YMCA. All rough sleepers were off the streets within 48 hours of the ministerial instruction.

As of July 2020, SDC are going to keep going the 6 YMCA units for a further 3 months (these can accommodate ten people)

SDC are utilising additional funding (Hinkley Point C and Positive Lives) for a tenancy sustainment officer, and will be providing a tenancy support pack including rent in advance

Somerset West and Taunton - SWT

SWT entered arrangements with Bridgwater and Taunton College to use their former student halls at Canonsgrove (Trull). Access was provided to 68 rooms that were self-contained with individual toilet and wash facilities. The facility is being managed by YMCA (Dulverton Group). In addition to this, SWT made arrangements to use 20+ rooms at the Beach Hotel, Minehead. This was for the less complex homeless and is again being managed by YMCA. Some tenants were decanted from Lindley House to Canonsgrove. Arc continued to support 20+ tenants at Lindley House

Presently, SWT are maintaining the use of the Canonsgrove facility whilst working with partners (including YMCA and Arc) to identify a new landscape of accommodation options and support for rough sleepers and complex homeless.

South Somerset District Council - SSDC

The standard provision was a facility called Pathways, a 30 bed hostel that is run by Bournemouth Churches Housing Association (BCHA). There are also an additional 10 emergency beds (e-beds). Upon Lockdown, the e-beds had to close which forced 8 residents on to the streets.

SSDC responded by block-booking 37 beds - 30 beds at Terrace Lodge and an additional 7 beds at the Preston Hotel. The facilities were run by BCHA (for sign up/entry to the facility), Atlas Security, and Homegroup (5 posts) who provided a very flexible response. All clients had a link worker.

The SSDC target was to have everybody moved on by the end of June. There are currently 12 remaining in emergency hotel accommodation. SSDC are working with Homegroup to identify pathways from temporary accommodation through to move on. This includes help with rent in advance. SSDC are actively exploring other accommodation options (e.g. HMO that can provide self-contained accommodation) as well as building works at Pathways to provide more self-contained units. They hope to have this in place by the end of July. SSDC have used Rough Sleeper Initiative (RSI) funding to provide drug and alcohol support.

Rough Sleepers - numbers supported and the important role of support services

During the period before Covid, the typical rough sleeper count was as shown in Table 1. The information below was recorded on one designated night in the Autumn of each year):

	2012	2013	2014	2015	2016	2017	2018	2019
Mendip	19	16	20	20	16	19	14	13
Sedgemoor	5	2	4	6	2	7	3	25
South Somerset	1	1	2	5	8	4	3	8
Taunton Deane	15	7	18	21	20	23	14	25
West Somerset	0	2	6	4	2	4	2	

Table 1: Somerset rough sleeper count, 2012 to 2019

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

Table 2: Number of rough sleepers in Covid accommodation during Lockdown

Appendix B also provides detailed commentary on the role of support services, such as Mental Health, Drugs and Alcohol, and Adult Social Care (alongside Police, Probation etc).

The important message to note is that the response of support services was generally good to excellent (dependent on locality) and also critical, with coordination provided through the Cell structure. The figures in Table 1 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.

Obviously, we were not successful with all residents. Part of this is due to the deep complexity within some of the cohort, but also the inability of services (on occasion) to deliver the support required. There are various reasons for this (see Appendix B

for detail), not least the stretched nature of service delivery, especially during the immediate Covid response.

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.

The current rough sleeper count (July 7th 2020) is presented below:

DISTRICT as at 7 th July 2020	Rough sleepers IN covid emergency accommodation	Total Rough sleepers OUT	Reports of rough sleepers but who have yet to be <u>verified</u> as rough sleeping	Former rough sleepers who have been successfully <u>moved on</u> to permanent accommodation from covid emergency accommodation (cumulative figure from 5 th May 2020)
Mendip	1	24	13	10
SW&T	71	10	0	12
Sedgemoor	16	5	0	9
South Somerset	12	5	0	23
TOTALS	100	44	13	54

Registered Providers - important players

Registered Providers (RPs) are those housing providers that provide social housing. Within Somerset the main players are Somerset West and Taunton, Homes in Sedgemoor, Aster, Yarlinton, Livewest, Magna, Stonewater and SHAL. There are many other smaller providers who provide an excellent service

Registered Providers are critical to the success of initiatives aimed at supporting vulnerable adults/young people, not least because they are able to create ‘flow’ within the housing sector by providing move-on accommodation (i.e. move on from Temporary Accommodation-TA and supported accommodation).

At the beginning of Lockdown a request was made by CEOs (Gold Group) to all Social Landlords to assist Local Authorities by labelling adverts on Homefinder Somerset

giving preference to those applicants who were accepted a statutory homeless duty by the local authority and in temporary accommodation provision. This request was quickly followed by the Government announcing that only essential moves were to happen. The preference of most RP's was to offer properties as a direct match rather than putting them through the advertisement process in order to speed-up the lettings process. RP's contacted District Councils directly and they offered properties that came vacant in their area that were not already matched prior to lockdown. All District areas had good responses, e.g. within SWT, 12 were re-housed into Somerset West and Taunton properties, 8 with Magna, 1 disabled adapted property with Habinteg ,6 with Livewest, 1 with Places for People, all of these applicants were owed a statutory homeless duty and were in either temporary accommodation or move-on accommodation. In moving these applicants on the housing service has been able to free-up this accommodation for those who found themselves in homeless situations due to Covid thus avoiding the use of Bed and Breakfast accommodation. RP's are continuing to support Local Authorities by including an advert preference to those who are accepted a statutory homeless duty and in temporary or move on accommodation to ensure capacity is freed up for what is expected to be a continued high demand on the countywide Homeless services.

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 Homelessness Cell has recently taken stock of the Covid rough sleeper response and is preparing a report for consideration by the Community Resilience Cell. Some of the emerging themes are as follows:

- The importance / success of joint working
- To recognise the complexity of housing related work
- The revolving door (clients continually in and out of a range of services) - how do we stop this?
- Thresholds and dual diagnosis - linked to the 'revolving door'
- Patient or homeless person? Are we viewing people correctly?
- Equality of access to support across Somerset
- The importance of tenancy support - how do we maintain delivery?

Suggestions as to a way forward include:

- Correct partner representation at the Homelessness Cell
- Maintaining joint working
- The need for appropriate 'director level' buy-in
- The importance of communications and press relations

In addition to the above, and having had further time to reflect, there are other matters that also need to be acknowledged

- Wrap around support works - we need this to move people on, and we need this to stay with people for as long as possible
- Hub type facilities work e.g. Canonsgrove / George House (Plymouth) - how do we deliver more of / maintain such facilities?
- Support works best when delivered directly at hostel/hub setting
- Food banks - many people are receiving help from food banks which suggests that they may also be struggling with rent payments. But are these people known to housing options services / social care?
- All key services have a statutory duty to refer individuals / families who are at risk of homelessness. However, are these duties being deployed, either directly or through commissioned services?
- Debt is a mounting problem and we are going to need the support of agencies such as Citizens Advice/others to handle this

Anticipated future pressures

Dame Louise Casey (Prime Minister's advisor on rough sleeping and homelessness) has been delivering webinars through the District Council's Network/Local Government Association. Below are some of her thoughts and observations:

Nationally, 15,000 rough sleepers were taken off the streets. This is a great success. However, there is a recognised problem for many local authorities at the end of June as initial Govt rough sleeper money ends (note: more money to be forthcoming - see below)

Some hotels will not reopen and this presents possible accommodation opportunities. She clarified that it was not safe for people to be in night shelters / accommodation with shared sleeping or rough sleeping. She gave the example of Los Angeles which has experienced 75% positive cases in their night shelter accommodation with high mortality.

Track and trace will be critical to manage accommodation

She acknowledged that Autumn will be very tough. The usual client group of 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).

She recognised now was not the time to return to pre-covid ways of operating, and there are now opportunities to rethink our approach.

SSHG comment: In addition to the above, we also need to acknowledge that Covid has placed an immense strain on local authority budgets and, in the west of the county, HPC workers are placing an additional strain on the local housing market.

We are working in an increasingly difficult financial and operational environment.

Immediate Future - MHCLG steer

Representatives from MHCLG recently visited Canonsgrove. Looking to the immediate future, their thoughts were as follows:

- encouragement to explore a move away from hostel provision and pathways. Rather, the preference will be a hub approach (good local examples could be Canonsgrove, Taunton / George House, Plymouth). Services will need to be flexible and responsive to the needs of this diverse and complex group. They expect localities to consider the following objectives within service design: (i) Proper healthcare (physical and mental); (ii) accommodation; (iii) employment, education and training
- heavy reliance on Benefits system (enhanced housing management) is not sustainable and that an integrated commissioning approach is required.

SSHG comment: 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 adult/children social care etc into a hub model (physical/virtual), that is jointly resourced (integrated commissioning).

We expect the Government to clarify their advice shortly.

Meanwhile, MHCLG are making available additional funding for rough sleepers:

Revenue funding: to maintain current arrangements - £105 million to help local authorities implement a range of support interventions for people placed into emergency accommodation during the COVID-19 pandemic. This includes supporting moves into the private rented sector, helping individuals to reconnect with friends or family, and extending or procuring interim accommodation. In addition to this, £16M has been made available to tackle substance misuse and dependence

Capital funding: for new build and renovations - we are waiting for the Government to announce the details of this funding that will 'provide 3,300 long-term, safe homes for vulnerable rough sleepers this year'. This fund will be administered by Homes England

Local areas will need to bid for the above funding

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.

LGA Improvement Plan - Housing Advisors Programme

SSHG recently delivered the Somerset Housing Strategy (2019 - 2023). And the Homelessness Managers Group recently delivered the Somerset Homelessness and Rough Sleeper Strategy (2019-2023). These contained a range of priorities relating to vulnerable people. However, before the strategic work could really begin, a recognised challenge was the need to forge improved working relationships between housing services, the commissioners and providers of support services, and registered providers.

To facilitate this, SSHG made a bid to the LGA (Housing advisors Programme). We were successful and (along with approx. 12 other localities, from a total of 80+ bids) awarded funding. We have utilised this funding to commission ARK consultants to lead on a piece of work entitled *Better Futures for Vulnerable People in Somerset*. ARK have previously undertaken similar work in Gloucestershire, Bristol and Plymouth and are recognised leaders in the field. This work commenced in January 2020 and is looking at how key partners can work together more effectively to support the vulnerable. Exploratory methods such as ‘appreciative enquiry’ are being deployed. An initial consultation phase was undertaken (taking stock of the current landscape of support and accommodation) with a view to delivering workshops over the Spring / Summer. This work has stalled due to the prevailing Covid situation. However, we are beginning to pick this up again, with a view to delivering workshop conversations over the Summer. The LGA have extended their deadline from July to December for the completion of this important work

Positive Lives - recommission

Positive Lives is funded through Public Health and is focused on the estimated 600 - 700 individuals in Somerset who have a combination of the following issues:

- Insecurely housed
- Substance use
- Mental and Emotional Health needs - or ‘trauma’
- Contact with the criminal justice system
- Challenging behaviours, including violence
- Multiple contacts with services - and reluctance to engage
- Frequent contact with emergency services

Positive Lives is an alliance, based on key principles. It is a way of working. It is not a service. It is about turning lives around.

Positive Lives has recently been recommissioned. Previously we had several large providers delivering this initiative across the county. PL money has been allocated to each district council to commission support within their area. Each district is at a different stage with their commissioning plans. Funding is guaranteed for the next three financial years (including 20/21)

Positive Lives is overseen by a Strategic Board and an Operational Board, comprising all key partners, including commissioners, providers and support

services. The Strategic Board has the potential to play a bigger role going forward in talking rough sleeping and homelessness (see next section)

P21 - recommission

Pathways to Independence is the housing support service for 16 to 25 year olds, providing accommodation and support to care leavers and other vulnerable young people, including those at serious risk of homelessness. It is funded by Children Services. The service commissions accommodation across the county which is currently managed by YMCA (Dulverton Group) and YMCA (Mendip). District councils contribute financially or through the direct provision of support workers (e.g. P21 coordinators).

The service is on a recommission pathway, although the prevailing Covid situation may force a delay. Key challenges for this service are financial pressures, demand, increasing complexity within the client group, the ability to galvanise support services, and the need for housing providers to help with move-on accommodation. Conversations around this service are inevitably linked to wider conversations around rough sleeping and homelessness

Vulnerability Pathways - Understanding the journey into homelessness for adults in Somerset with complex needs

This is a piece of work that is being commissioned by Public Health, with a reporting deadline of October 2020. The purpose of the project is interview a representative group of adults from all areas of Somerset, identified by the most appropriate locality partnership group (Social Inclusion Panel, Rough Sleeper Group, etc.), as being amongst the most vulnerable (due to complex needs) of the current entrenched rough sleeper cohort.

The aim being to establish; their journey into homelessness or rough sleeping, where they think opportunities to help and support them may have been missed, what they perceive to be the current barriers (personal or system) to moving into more secure accommodation and what their preference would be with regards to accommodation. This piece of work is intended to inform future commissioning arrangements

Homeless Health Needs Audit (HHNA)

This has commenced and is the county wide qualitative research with SCC working in partnership with Homeless Link (who are commissioned by government to conduct the national audit). This is running now until June 2021 and will be completed by operational staff from across the whole Positive Lives partnership.

Neighbourhoods

This work is being led by the CCG, initially with three pilot areas. This project has the potential to provide coordinated community driven support to vulnerable people. This project sits within the governance framework of the HWBB

Somerset Health, Care and Housing Memorandum of Understanding (MoU)

During October 2019 there was held a joint meeting/workshop of SSHG and the Health and Wellbeing Board. The context to this was the recent adoption of both the Somerset Housing Strategy and Improving Lives. There are synergies between the two, both recognising the importance of housing as a factor in health inequalities (by reason of housing conditions, insecurity of tenure, and the design / suitability of housing). Also, there was the recent publication of a national Health, Care and Housing MoU, which encouraged localities to consider local responses.

Those present at the workshop agreed that we would investigate the possibility of developing a Somerset Health, Care, and Housing MoU, the aim being to galvanise multi-agency strategic leadership around this important agenda. We were asked to consider three themes for possible inclusion

- Independent Living
- Health Impact Assessments
- Rough Sleeping and Homelessness

The prevailing Covid situation has impacted the timing of this piece of work, as we were hoping for July H&W Board consideration. It is possible that we could deliver a proposal for the September meeting of the HWBB.

Appendix B: Covid Rough Sleeper Response by District:

Mendip District Council

Number of rough sleepers taken off the street and in to accommodation:

20

Numbers remaining on the street / refusing to engage:

5 were evicted and three refused to engage

Numbers who have successfully moved on (Private Rented Sector - PRS, social housing, family, supported accommodation):

10 residents have moved on (3 PRS, 2 Supported, 1 family, 4 social housing)

Support Services - what has worked, what could have been done better, what has not worked:

To be completed. Verbal update can be provided.

Sedgemoor District Council

Number of rough sleepers taken off the street and in to accommodation:

27 accommodated (at peak). A Personal Housing Plan (PHP) has been developed for each client.

Numbers remaining on the street / refusing to engage:

2 never took offer of accommodation

4 were evicted and 4 left for other reasons

Numbers who have successfully moved on:

9 total, of which 2 in to private rented sector, 1 in to social housing, 6 in to supported accommodation

Homes In Sedgemoor have been good at helping with move-on for less complex homeless - they have accepted move-on for families and from P2I. This has helped with creating capacity within supported accommodation.

Any other relevant measures of success (e.g. numbers engaging proactively with support services)

16 rough sleepers now have successful three month tenancy history, we are hopeful that this will be advantageous to securing move on accommodation

Support Services - what has worked, what could have been done better, what has not worked:

We have had evictions for Anti-Social Behaviour (ASB) and some rough sleepers left their accommodation during the early days of placement in favour of returning to the street. This confirms what many of us who work in front-line homeless services were always aware of i.e. this is so much more than an accommodation issue and is to do with an individual's poor mental health, drug and alcohol abuse and lifestyle choices. The multi-agency effort to support local authorities in this piece of work has been fantastic with locality leads being introduced to each area to help them tackle individual's needs in the hope they can successfully follow a pathway into sustainable accommodation. Attendance from all agencies at the weekly homeless cell has resulted in rough sleepers getting support around their drug and alcohol use, smoking, dental health, physical health and mental health with many success

stories. Step Together have worked well (providing good levels of support) to help us secure move-on accommodation

Somerset West and Taunton

Number of rough sleepers taken off the street and in to accommodation:

Currently 68 (48 at Canonsgrove and 20 at the Beach Hotel - both sites being managed by the YMCA). In partnership with Arc, 21 tenants were decanted from Lindley House which was unable to guarantee self-isolation to all residents in the event of a Covid outbreak. Approximately 25 residents remained at Lindley House (from an original cohort of 46) which was a manageable number should there have been an outbreak of Covid. In addition, 5 residents were decanted from Arc satellite properties to the Beach Hotel.

Numbers remaining on the street / refusing to engage:

13 verified rough sleepers - All but one have been made offers of accommodation. 3 of those currently rough sleeping have been evicted from accommodation since lockdown

Numbers who have successfully moved on (PRS, social housing, family, supported accommodation):

10 clients have been moved on to either social housing tenancies or supported housing

Any other relevant measures of success:

All residents at Canonsgrove have received health needs assessments. Two are engaged in the community detox process (alcohol). 17 are receiving scripts and are engaged with drug treatment. 11 have a Mental Health Care Coordinator through Sompar who visits them on site to provide the service. One resident is receiving support from the District Nurse Team for physical health issues. The Probation Service have reported that the residents of Canonsgrove who are currently on orders have shown an increase in attendance to their appointments and greater engagement with Probation Services.

Support Services - what has worked, what could have been done better, what has not worked:

For Canonsgrove, the following services are being delivered on site.

- Second Step are providing telephone support to clients who need support with mental health issues. The Service Manager of Second Step is now based at Canonsgrove one day per week to provide assessment and fast track referral.
- Clients are able to have scripts delivered and distributed on site meaning that they do not have to travel to pharmacies to pick up scripts
- The Tenant Ready Service is delivered to clients on site by YMCA, to prepare them for move on
- Housing Needs assessments are carried out on site by a Housing Officer to ensure that all clients are registered on Homefinder and that those who are ready for move on are bidding regularly
- A Housing Navigator from the Rough Sleeper Initiative team is engaging with clients who were formally rough sleeping or vulnerably housed in order to support them towards move on and independence

- Sompar provide mental health support for clients. Their service has reported that this works particularly well as the clients are in one place meaning that they can see a greater number of clients in one visit.
- Part of the success in keeping these clients engaged has been that services are delivered to the clients where they are. This co location encouraged good communication between different services and has resulted in some positive outcomes for clients
- Partnerships with the Police have been particularly strong. The Neighbourhood Team have been visiting as part of their patrol plan and engaging with clients positively. Response Teams have been available on the rare occasion when immediate response is required.
- Areas of concern include: partner response to safeguarding concerns, inability to obtain a section under the Mental Health Act, and difficulties getting local services involved when clients have presented from other areas

South Somerset District Council

Number of rough sleepers taken off the street and in to accommodation:

53 (March-June) into the emergency hotels. At peak 36 were being supported (currently 16).

Numbers remaining on the street / refusing to engage:

Slight increase recently. Fluctuates between 2 and 6 at the moment. 7 were evicted for ASB. Some also voluntarily abandoned rooms.

Numbers who have successfully moved on (PRS, social housing, family, supported accommodation):

22 so far (as at 30/6/20). Yarlinton have offered 5 x 1 bed properties (2 now occupied) - pathways (not RS)/also opening to Homefinder

Any other relevant measures of success (e.g. numbers engaging proactively with support services):

35 have proactively engaged with support and we have either a) helped secure accommodation or b) are still working with to help them move on. The rest were either evicted or abandoned their room.

Support Services - what has worked, what could have been done better, what has not worked:

- From 23rd March we urgently established a 3 way partnership between SSDC, Bournemouth Churches Housing Association and Home Group. We discussed every customer through daily case calls, to establish what support they need and potential move-on accommodation options. Each customer was allocated a Housing Case Officer and a Link Support Worker to work by phone or face to face with customers on a daily basis. Where necessary we brought in Somerset Drug and Alcohol Service (SDAS), mental health, NHS, Rethink, Julian House, Yarlinton, social care, probation etc. on a case by case basis.
- CCG were brilliant in sourcing PPE, supporting us with suspected COVID and establishing links with dental service (now coming regularly) and generally being our first point of contact in the health world.
- We have now established a protocol between our Hostel and SDAS for future provision

- We carried out weekly rough sleeper counts and engaged with all rough sleepers regularly in partnership with Yeovil Community Church and our EHG dept. We provided hot food daily to everyone in our emergency hotels and hostel and rough sleepers. We provided tents for those unable to access accommodation or banned.
- We are hopeful that engagement from mental health or social services will improve now we have the local contacts on the 'table' so we know who to contact. We have had good contact from Second Step and now need to work with them to provide improved support for customers.

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