

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
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Report of:	Dr Liz Robin, Director of Public Health	
Contact Officer(s):	Val Thomas Consultant in Public Health Cambridgeshire County Council and Peterborough City Council Marek Zamborsky, Cambridgeshire and Peterborough Clinical Commissioning Group	Tel. 01733 207176

PROVISION OF HEALTHCARE FOR HOMELESS ROUGH SLEEPERS DURING WINTER MONTHS AND THE IMPACT OF COVID

RECOMMENDATIONS

It is recommended that Health Scrutiny Committee take note and consider the contents of this report.

1. ORIGIN OF REPORT

- 1.1 This report was requested by members of the Health Scrutiny Committee at the Group Representatives meeting on 29 September 2020

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report is being presented in response to a request from a Peterborough Health Scrutiny Committee member for information about the impacts of the COVID-19 pandemic upon the Homeless population and how any benefits secured during the period will be maintained.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:
- 1.Public Health
3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND

- 3.1 The legal definition of homelessness is that a household has no home in the UK or anywhere else in the world available and reasonable to occupy. The following housing circumstances are examples of homelessness:
- rooflessness (without a shelter of any kind, sleeping rough)
 - houselessness (with a place to sleep but temporary, in institutions or a shelter)
 - living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends known as 'sofa surfing')
 - living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)
- 3.2 The health and wellbeing of people who experience homelessness or poor accommodation is poorer than those of the general population. They often experience the most significant health

inequalities.

Poor health can be both a cause and consequence of homelessness, although it is not always identified as the trigger of homelessness. For example, ill health may contribute to job loss or relationship breakdown, which in turn can result in homelessness.

The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk. Poor access to all services including health services is also associated with homelessness and contributes to these poorer outcomes.

Co-morbidity (2 or more diseases or disorders occurring in the same person) among the longer-term homeless population is not uncommon. Recent figures show that the mean age of death of homeless people is 32 years lower than the general population at 44 years, and even lower for homeless women, at just 42 years.

3.3 The causes of homelessness are typically described as either structural or individual and can be interrelated and reinforced by one another. Causes and their relationship vary across the life course.

- Structural factors include:
 - poverty,
 - inequality,
 - housing supply and affordability,
 - unemployment or insecure employment,
 - access to social security
- Individual factors include:
 - poor physical health,
 - mental health problems, including the consequences of adverse childhood experiences,
 - experience of violence, abuse, neglect, harassment or hate crime,
 - drug and alcohol problems (including when co-occurring with mental health problems),
 - bereavement,
 - relationship breakdown,
 - experience of care or prison,
 - refugees.

4. KEY ISSUES

4.1 The COVID-19 pandemic has brought new and exacerbated many of the existing challenges for the homeless or those in poor accommodation as they have a higher risk of transmission and if they acquire the infection this is associated with poorer outcomes.

4.2 At the start of the pandemic the Government introduced a number of emergency measures aimed to reduce the risks to the homelessness population. There was a system wide response to the homelessness situation through the COVID-19 response structures.

Public Health was identified as having a lead role in ensuring that the homeless were protected from the pandemic.

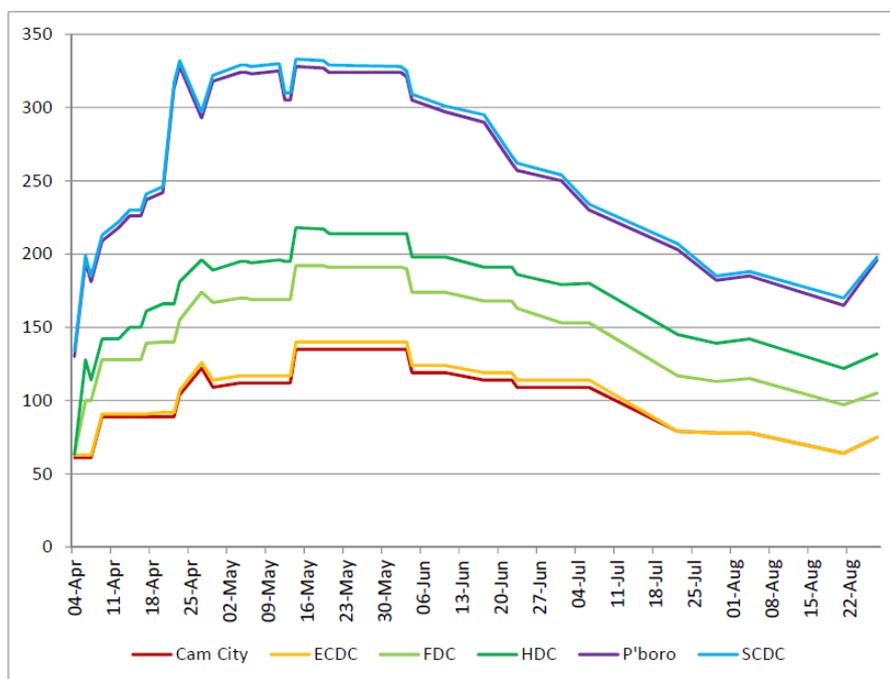
The Socially Vulnerable Groups Cell (initially known as Socially Excluded) was set up and led by Public Health, reporting to the Community Reference Group, which in turn reports to Local Resilience Forum. It includes leads for a number of vulnerable groups including the homeless. This Cell is now one of the five complex settings Cells found in the Cambridgeshire and Peterborough Local Outbreak Control Plan. It addresses the prevention of COVID-19 infection amongst socially vulnerable groups which includes their other wider health needs and provides reports to the Vulnerable People's Recovery Sub-Group. The Cell is still led by Public Health, it regularly provides updates to the Sub-Regional Housing Board or Housing Cell and highlights any particular issues to secure partner support for resolving them.

4.3 As part of the emergency measures the Government required every housing authority to arrange emergency accommodation for all homeless people, especially those on the street, to be provided

safe accommodation (preferably self-contained and with facilities to isolate wherever possible) with suitable support including advice on COVID-19, access to health services including prescriptions, meals and security. Emergency COVID-19 accommodation was secured by districts in partnership with hotels, hostels and other private accommodation providers, with risk assessment for each unit.

Figure 1 shows the change in numbers, by district, over time.

Figure 1: Peak number in COVID-19 accommodation



4.4 All districts were charged with identifying needs and creating a personal housing plan for each resident in the emergency accommodation, and where possible other homelessness accommodation, to secure a move-on plan which would be well managed and where needed, include any support or other services necessary to help the person settle into a longer term housing solution.

The Socially Vulnerable Group Cell worked closely with housing colleagues to facilitate additional support for those housed in the emergency accommodation from other organisations. It is continuing to work with them to ensure that the learning and improvements in services for the homeless are maintained and further developed as the pandemic progresses and through to recovery.

4.5 Housing services acted quickly to mitigate the impact of the pandemic and introduced new measures.

- Additional accommodation and support was secured.
- Homes were let in a slightly different way during the pandemic to focus efforts on getting people moved from temporary accommodation and into longer term housing wherever possible, freeing up vacancies to be used to tackle the COVID-19 crisis.
- Responded to changes affecting their operations such as learning from some experiences of rent arrears levels during the pandemic.

4.6 The area-wide Trailblazer team created a new protocol for people with substance misuse, mental health and housing issues in order to create a longer-term guide for staff on these issues, which are particularly challenging where they occur together. (Cambridgeshire and Peterborough is one of the Ministry of Housing, Communities and Local Government’s (MHCLG) Homelessness Prevention Trailblazers across England.

4.7 **Rough sleeper numbers**

The peak number of homeless people in COVID-19 accommodation in Cambridgeshire and Peterborough was 333 on 14 May 2020. The latest recorded total is 198, at the 27th August 2020. Some individuals will have moved out of the emergency accommodation and have been found alternative places to live. Others will have newly moved in.

Exact numbers of rough sleepers are difficult to determine, and will change all the time as people move in and out of rough sleeping and move in and out of the Peterborough area, however we estimate that there are around 120 rough sleepers in Peterborough at present. This estimate is based on the highest number of people accommodated by Peterborough City Council at the height of the efforts to get all rough sleepers off the streets during the COVID-19 pandemic.

4.8 **Mental Health Services**

During the early part of lockdown in the crisis period there were some significant gaps identified in access to mental health services for rough sleepers. Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the Clinical Commissioning Group (CCG) agreed that extra resources would be available and the CCG provided funding for training to the District Council Homelessness Teams to help them better manage the identified homeless clients who are experiencing mental health issues.

4.9 The CCG working in collaboration with the Districts, The Sun Network, CPFT and Cambridgeshire and Peterborough and South Lincolnshire (CPSL) Mind, have developed a training and reflective practice package that will go some way to addressing those inequalities. It is designed to train and equip Outreach and other frontline workers who work alongside this group on a daily basis:

The training package includes:

- Strength based practice
- What do we mean by mental distress and trauma?
- Trauma Informed Approaches
- Suicide prevention
- Responding to Self-Harm
- Psychosis First Aid
- How drug and alcohol addiction affects mental health
- Self Help Tools – how to use simple, self-help grounding techniques to support de-escalation and build coping strategies
- Clear information regarding how and when to signpost on to other organisations.

Following completion of the training, workers will have the opportunity to reflect on learning and its use in supporting people

The training package is under development, The CCG has ensured people with lived experience of homelessness and rough sleeping are supporting this development.

The training will be rolled out at the end of November. There will follow a period of evaluation and reflective sessions to further refine the training. This package will then be offered to commissioners as ongoing training for support and outreach workers.

4.10 **Drug and Alcohol Services**

Drug and alcohol services are commissioned by Public health teams across Cambridgeshire and Peterborough. CGL Aspire provide this support for homeless and rough sleeping people in our area. They work closely within the multi-disciplinary team to support people through substance misuse access workers. Access to detox for rough sleepers is an issue nationally as there is pressure on inpatient units. The multi-disciplinary teams are working to improve access to community detox provision.

During the COVID-19 pandemic Public Health commissioners of Drug and Alcohol services worked to make service user pathways clearer especially into mental health services and promoting registration with a GP. The Drug and Alcohol Treatment Services screen and treat clients for Hepatitis C.

However, during the early days of lockdown, it became harder for the nurses to reach clients as it was difficult to provide face to face outreach clinics. CGL Aspire introduced testing into the COVID-19 hotels in Cambridge and Peterborough, then rolled out it to Wisbech and a number of other settings. A total of 80 homeless people have now been tested, a number have an active virus and are now being treated. Testing for Hepatitis C at homeless hostels is now undertaken routinely

4.11 **Primary Care**

Homeless and rough sleeping people in Peterborough are encouraged to register with a GP practice for their general health needs.

As part of the Primary Care commissioned services a specialist service is delivered by a GP working from Boroughbury Medical centre. They offer dedicated sessions each week to support homeless and rough sleeping people's health with support from practice nurses. Rough sleepers are encouraged to register with the Boroughbury practice, funding for this service is through normal Primary Care funding. Some rough sleepers may register with other GP practices, including Thistlemoor, but the majority of those who are registered with a Peterborough GP are at Boroughbury.

The rough sleeper specialist service takes the form of extended appointments for people seen at the practice, and also outreach clinics run with multi-disciplinary teams across the city. For sex workers, there is a fortnightly drop in 'Wildflower' clinic where women are able to access smear testing and contraception advice as well as other primary care.

Peterborough City Council fund the 'Janus Project' with Rough Sleeper Initiative funding, and this pays for some of GP's time to support a small number of people deemed to be 'entrenched' rough sleepers who have physical health issues alongside poor mental health and addictions. This funding also covers some nurse time for outreach and wound care.

Outside of face to face patient work, the GP has established good links with Peterborough City Hospital and the city's Housing Team to ensure that inpatients are not 'discharged to street' without them being informed. She also works closely with the local shelters, the city Housing Team, CGL Aspire who provide drug and alcohol care, and CPFT for mental health care, to ensure individuals do not fall through the net and also to improve the system as a whole. This GP and the practice nurses are a key part of the multi-disciplinary teams working with homeless and rough sleeping people in Peterborough.

4.12 **Next Steps funding bids**

As part of sustaining improvements in services for the homeless the Government launched the "Next Steps" Fund in August and bids have been submitted for both capital and revenue funding from across our area.

The Next Steps fund is to provide an immediate response to the crisis but also to create a national asset of more lasting value, to try to prevent homelessness growing when the recovery phase starts to kick in.

This might be through creating more homes or providing long term support programmes to tackle the needs which have become apparent through provision of the COVID-19 emergency accommodation.

The following summarises what has been included in the bids for our area:

Table 1: “Next Steps” Fund Bids and initial allocations

Area	Accommodation included in the bids	Allocated Short term <u>revenue</u> funding
Cambridge City	<ul style="list-style-type: none"> • Market purchase of 10 x 1 beds • Provision of 10 x modular homes (in addition to 17 already in progress), Securing an additional 40 private rented homes through the work of Town Hall Lettings for 12 months • Plus 4 support workers and some back-office support hours. 	£963,483.00
Combined bid: East Cambridgeshire, Huntingdonshire, South Cambridgeshire	<ul style="list-style-type: none"> • A combined bid from the existing Rough Sleepers Initiative partnership covering three districts. • 15 new private rented sector tenancies secured through a landlord incentive scheme, whereby the bid supported the cost of the “risk” under a rent guarantor model. Plus, support for 4 units of accommodation • 250 nights of temporary accommodation under a spot purchase arrangement, to cover winter needs in case there is no separate winter funding (as the guidance was not clear on this point). 	£23,500.00
Fenland	<ul style="list-style-type: none"> • 22 units private rented accommodation with support • 14 units for people with no recourse / suspension of temporary derogation • Purchase and repair of 10 x 1 bed flats with revenue funding so Ferry Project can provide support the tenants • 5 homes to be leased for 5 years providing 30 bed spaces with carpets and curtains in COVID-19-secure Houses in Multiple Occupation 	£198,000.00
Peterborough	<ul style="list-style-type: none"> • 60 x 1 bed flats to purchase and repair by the end of March 2020 • Procure 2 properties to create 2 x COVID-19 secure 5 bed HMOs with self-contained facilities • Revenue funding bid to support the 2 new HMOs plus 4 x floating support officers to support the 60 1 bed flats. 	£426,791.00

The short-term revenue allocation indicated in Table 4 was announced on the 17 September 2020. The capital funding has not yet been announced. This funding allocation is part of a broader funding package which will provide 6,000 homes for rough sleepers.

4.13 The COVID-19 situation demonstrated the issues that rough sleepers face in addressing their substance misuse issues. This need has been recognised by central government. Public Health England, jointly with the MHCLG have identified 43 taskforce areas nationally which will be targeted for additional substance misuse funding for rough sleepers. Cambridge and Peterborough are two areas which have been identified within the 43 locations.

Bids are currently being prepared in these areas, led by Public Health along with other partners. The following gaps in services were identified for our area and are addressed in the bid.

- Lack of sufficient outreach capacity to do targeted interventions
- Improved access to detox for rough sleepers
- A more structured and co-ordinated approach to peer support is required
- Insufficient doctor time in substance misuse services and primary care
- Insufficient floating support capacity for rough sleepers who move into

accommodation

- Insufficient peer support work with rough sleepers
- Insufficient Dual Diagnosis street outreach

The outcome of the submitted bids is expected to be announced in November.

5. ONGOING ISSUES

5.1 Despite these new opportunities the homelessness and housing landscape continues to face the following ongoing issues.

- Inadequate supply of housing at prices people can afford
- General housing affordability which varies widely by district
- Levels of rent supported via benefits for private rented housing
- The need to support people more who are perhaps the most vulnerable in our society who, even given an affordable home at reasonable cost, will struggle to sustain that tenancy without serious investment of time and other resources

6. REASON FOR THE RECOMMENDATION

6.1 This report reflects the approach that the pandemic promoted and led to the development of services provided to homeless individuals.

In summary the benefits can be categorised as follows.

- The expected high rate of infection amongst the homeless has not occurred to date. This is associated with the provision of emergency accommodation for rough sleepers and the support provided to existing accommodation for the homeless.
- It gave many of those housed in the emergency accommodation and hostels access to many services for the first time and these are continuing through new ways of working.
- The national and local initiatives focused attention upon the wide-ranging needs of homeless and rough sleeping people.
- Additional funding will be used to increase the housing options and the level of support provided to the homeless.

6.2 However, there are ongoing issues which may lead to increased homelessness but are difficult to predict accurately

- Evictions had been stopped at the start of the pandemic, but they are re-starting.
- The economic downturn with job losses leading to the threat of eviction and homelessness.
- Access to services although improved is not equal across services and will require partners to continue to develop pathways in to and for the homeless.

7. Source documents

- Public Health England: Improving health through the home. August 2017
- Health Foundation: How does housing influence health. 2017
- Public Health England: Homelessness: applying All Our Health. June 2019
- <https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home>
- <https://www.health.org.uk/infographic/how-does-housing-influence-our-health>
- <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>

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