Agenda Item No: 9

HOMELESSNESS – SAFEGUARDING THE BENEFITS OF ADDITIONAL SERVICES

To: Health Committee

Meeting Date: October 15 2020

From: Director of Public Health

Electoral division(s): all

Forward Plan ref: Not applicable

Key decision: No

Outcome: This paper is in response to a request from the Health Committee 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.

Recommendation: The Committee is asked to note and consider the information provided in the report.

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1. Background

1.1 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)

1.2 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.

1.3 In 2017 the Health Foundation estimated that for every £1 invested in housing support for vulnerable people delivers nearly £2 benefit through cost avoided to public services including care, health and crime costs.

1.4 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.

In 2017 Public Health England identified insecure tenancies and the challenges that these present as the main cause of homelessness.

1.5 Every local authority with housing responsibilities makes a three monthly return to the Ministry of Housing, Communities and Local Government (MHCLG) on homelessness, the causes and actions taken to prevent or relieve homelessness. These Homeless Case Level Information Collection (H-CLIC) reports contain a wealth of information pertinent to understanding the homelessness issues and includes consideration of the following areas

- the reasons people become homeless
- a person's housing history and journey
- what support needs homeless households have
- how homeless households link with other public services and / or the benefits system

1.6 The last complete dataset based on the HCLIC returns was published by MHCLG for 2018/19 and provides the context prior to the COVID-19 pandemic. In 2018 3,283 homelessness assessments were undertaken across Cambridgeshire. The main reasons for homelessness were tenancy and social issues.

2. Main Issues

2.1 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.

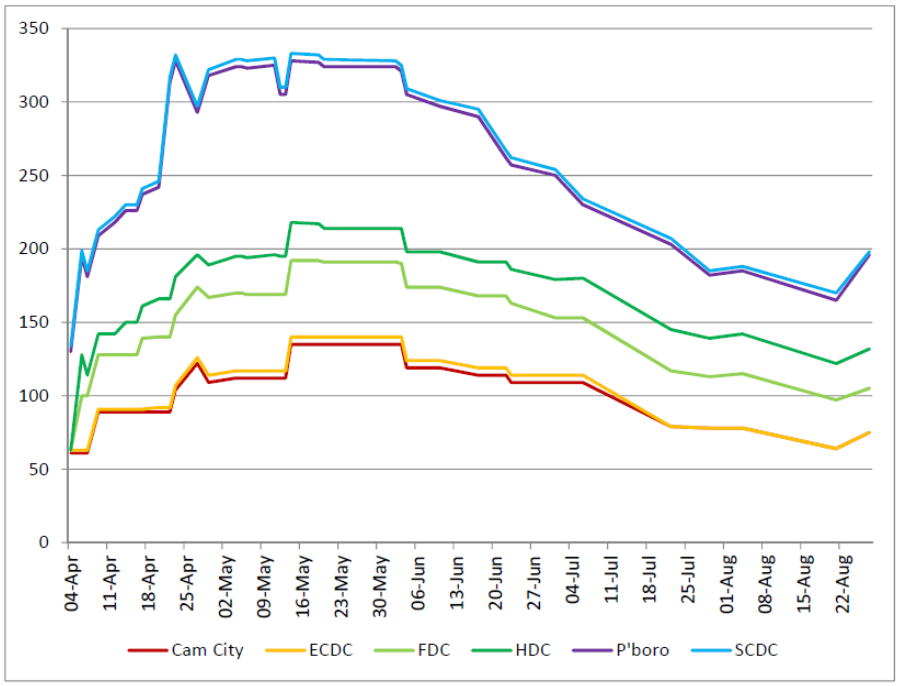
2.2 At the start of the pandemic the Government introduced a number of emergency measures aimed to reduce the risks to the homelessness population. There was a system wide response to the homelessness situation through the county-wide COVID-19 response structures. The Cambridgeshire Sub-Regional Housing Board, which effectively was the Housing Cell, was where lead partners oversaw the responses. 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.

2.3 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.

The peak number of homeless people in COVID-19 accommodation was 333 at 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.

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

Figure 1: Peak number in COVID-19 accommodation



2.4 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.

2.5 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.

2.6 The county-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 MHCLG's Homelessness Prevention Trailblazers across England. These are focusing on early prevention and work with a wide group of people not just those who have homelessness duty.)

2.7 Public Health worked with housing and environmental health colleagues from the districts to produce a COVID-19 risk assessment and information for the emergency accommodation and other Houses of Multiple Occupation (HMOs). People who live in houses in multiple occupation, and other shared accommodation, may experience significantly higher risks than those living in self-contained accommodation.

2.8 Partners from across health and social care worked to increase and improve access to services. Pathways to these services were improved as the situation highlighted access issues for the homeless. Reports from vulnerable individuals housed during this period have been positive with reported improvement in treatment outcomes and their overall health and wellbeing.

2.9 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. Commissioners worked with the Service to introduce 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.

2.10 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. The Cambridgeshire and Peterborough Foundation Trusts (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.

2.11 There have been substantial contributions from voluntary and community organisations which have enabled services to be provided throughout the pandemic. This includes the provision of meals and other essential supplies to people in emergency COVID-19 accommodation and projects supporting people to access technology. For example Wintercomfort's project to re-use mobile "tec" to give people the opportunity to access new on-line services and support. It is planned to extend this initiative through the new Cambridgeshire Digital Partnership to tackle digital exclusion.

2.12 As part of sustaining improvements in services for the homeless the Government launched it "Next Steps" Fund in August and bids have been submitted for both capital and revenue funding from the district authorities. 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 more 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.

Table 1: "Next Steps" Fund Bids and initial allocations

Area	Accommodation included in the bids	Allocated Short term revenue funding
Cambridge City	• 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	• 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	• 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	• 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.

2.13 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 and 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 Cambridge City 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 final bids will be submitted my Monday the 5th of October, with the outcome in November.

2.14 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

2.15 Access to health and social care service will require ongoing attention. In particular Tuberculosis (TB) amongst the homeless has been identified as an issue for parts of Cambridgeshire. There is demand for a system of testing and treatment for the homeless. Work had started to develop a service but during the pandemic it has been difficult to support access to TB testing by rough sleepers, for a variety of reasons including for example that a chest x-ray may be needed but these have been restricted access.

2.16 A review of homelessness services led by the County Council has been produced recently and is going through the county approval process. It includes several recommendations to improve homelessness services locally and build cross-issue partnerships. This will be published as soon as possible, and its recommendations will call for a new cross-cutting system wide approach.

2.17 These recommendations reflect 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 the homeless.

- Additional funding will be used to increase the housing options and the level of support provided to the homeless.

2.18 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 will be 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.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- People who are homeless experience poorer health and wellbeing outcomes. This paper sets out the particular challenges for the homeless during the COVID-19 pandemic and describes the improvements that were secured, how these will be developed and maintained.

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers.

- The paper describes the improvements in housing and other services for the homeless that have helped them to reduce their risk of infection and to take steps to improve their health and wellbeing.

3.3 The best start for Cambridgeshire's children

The following bullet points set out details of implications identified by officers:

- Homelessness impacts on the health and wellbeing of children and their families, it compromises their early development and can result in longer term inequalities.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

- There are no significant implications for this priority.

4. Source documents

4.1 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

4.2 Location

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