

SUBJECT:	COUNTY WIDE COVID 19 HOMELESSNESS RESPONSE
DIRECTORATE:	HOUSING AND INVESTMENT
REPORT AUTHOR:	DAREN TURNER, DIRECTOR OF HOUSING AND INVESTMENT

1. Purpose of Report

- 1.1 To update Members on the work of the Homelessness Cell which forms part of the Lincolnshire Resilience Forum (LRF) response structure for Covid 19.

2. Background

- 2.1 When the Covid 19 crisis started in early March 2020 the LRF set up a structure of meetings/group to help coordinate the response to the Pandemic.
- 2.2 The Homelessness/Rough Sleeping Cell was part of that structure and was commissioned as a sub cell of the Health and Care Cell (the upper cell).
- 2.3 The cell initially had a set of terms of reference developed by the LRF and upper cell and it was proposed to be chaired by an officer from Lincolnshire County Council (LCC). The cell was to meet weekly and report homelessness number and related C19 issues to the upper cell as well as escalate any issues that could not be resolved directly by the group.

The group was made up of delegates from all Local Authorities across Lincolnshire, NHS colleagues, Public Health Colleagues, voluntary and community sector representatives, commissioned and non-commissioned services (by LCC), Probation Services, Lincolnshire Police, Domestic Abuse County leads, Lincolnshire Partnership NHS Foundation Trust (LPFT) colleagues and Ministry of Housing, Communities & Local Government (MHCLG). The group was added to over time, interested parties joined and left as the group developed.

3. Current Position

- 3.1 The group has now been meeting for 15 months. Meetings moved from weekly to bi-weekly as a "battle rhythm" was established. The Chair was immediately moved to City of Lincoln (COL) due to the pressures in the City and established connections. Terms of reference were changed as the group developed and its role morphed from being a reactive body. This was initially triggered by the letter all councils received in March 20 from Luke Hall (MP) calling for Councils to respond over the initial lockdown period by getting everyone in off the streets. What's now known as the 'everyone in' campaign.
- 3.2 Driven by that call to arms and led by the COL the group were able to achieve that initial critical milestone of taking virtually everyone off the street during the initial stages of lockdown. Everyone, across the county, had been offered

accommodation and in many cases additional support. Rough sleeping numbers were quite high in the urban areas at the start of the pandemic, the City, the East Coast and Boston had consistently higher numbers. For a period of time these numbers were brought down to almost zero; unfortunately, there are always cases where rough sleepers refuse accommodation and actively chose to be on the streets this may be as a result addiction and or mental health issues.

- 3.3 Linked to the concerns of transmission of the virus in such a vulnerable group the cell also sought to tackle gatherings of any type that tended to happen again in urban areas. The police supported the cell and intelligence was shared across the group that enabled the police to act quickly and intervene and also to develop police tactics alongside local providers (such as the DC's) which had more success in preventing regular gatherings again specifically in urban areas. However, due to the network created, specific police issues such as disruptive behaviours in hostels and criminal activity in third party provider properties was able to be reported and tackled. As the weather has improved and aspects of the lockdown eased gatherings have become more evident, particularly in Lincoln. Whilst working with the police they cannot be continually prevented; the Cell forum gives delegates the opportunity to raise the issue and hear a police response (EG YMCA and the St Rumbold Street area)
- 3.4 The group also tackled the related health issues that the pandemic enhanced or brought about. With the NHS and Public health colleagues on the call we have been able to ensure better coordination between the NHS neighbourhood teams and the District councils, enabling uniform access to health responses and an escalation process where resources had been denied. PPE logistical issues were resolved, and funding was levered from different sources to aid organisations struggling with demand as a result of the pandemic. The group were able to intervene in specific cases that had essentially fallen between providers and gain a resolution for people who had struggled to get a response in the past.
- 3.5 Perhaps the most positive outcome from the formation of the cell is the network it has created and the partnership working that it has enabled. Closely working together, in order to respond to the pandemic, has led to the creation of trust amongst not only the public bodies but also all the organisations involved in the homeless rough sleeping response. This had led to successes across a range of areas: -
- Housing Related Support – the contract funding for this service was reduced by £1m at the start of 2020/2021; the reduction was delayed until October 2020 due to the pandemic. Once new contracts were in place the group regularly gave feedback and worked with County colleagues on tweaks to the contract to allow better outcomes including changing the triage arrangements so more people could access the service. The commissioned providers now provide vacancy/void details in their properties so Districts needing provision can more readily see what's available and ensuring where possible all available units are used.
 - Prison releases – coordination with local and regional home office representatives ensured that councils were aware of planned releases earlier and were also told about any early releases in the first stages of the pandemic. The group, working with health colleagues, were also able to ensure a proper testing regime was in place for prisoners being released.

- Hospital releases – greater coordination with health colleagues enables better palling for hospital releases – specifically with NFA. More recently WellBeing Lincs have joined the group and are able to step in quickly with patients, with additional needs leaving Hospitals locally.
- No recourse to public funds – Rough sleepers who have NRPF are an ongoing issue. Some specific interventions in the south of the county have closed due to funding ending which has added pressures. Specific cases have been resolved with the help of Lincs CC and the county led by ELDC has enabled engagement with the home office and immigration services on the issue and that issue is now recognised by government. Lincs CC have set aside additional funds in the short to help with this problem. There seems to be no medium or long term solution for this.
- Deaths in the cohort – we have actively pursued the introduction of a case review process for those people who sadly pass away whilst homeless or rough sleeping. This has been extremely difficult to achieve and has required interventions by the local CCG, LPFT and local neighbourhood health leads.
- C19 Vaccination programme – due to pressure and escalation from the group and the support of local NHS neighbourhood leads we have been able to ensure the creation of a targeted vaccination programme for the homeless cohort.
- Cooperative funding – the cells success has enabled an agreement between DC's to fund the provision of a county wide homelessness coordinator for three years who will be managed from NKDC in Sleaford. This is a hugely important step forward which will hopefully enable to the networking and joint working to continue.

(Note: these are just a few examples of what the group has achieved)

- 3.6 Looking forward we have many challenges left to face if we are to secure the governments desired outcome of no rough sleepers on the streets by the end of this parliament. We have the end of furlough, the end of the moratorium on evictions and also the end of initiatives like mortgage payment holidays etc. All of these will place additional pressure on already stretched resources. The Homeless Cell has been pressing through channels such as the Housing, Health and Care Delivery Group, for longer term thinking and solutions to the rough sleeping problem. There is a sense that the way the issue is managed and the way that management is funded by government is very short term and essentially puts a sticking plaster on the issue. The Cell, from learning over the last year, feel that research should be done into why people get into the rough sleeping system in the first place and then measures be put in place earlier to prevent the move to rough sleeping.
- 3.7 The LRF has now altered its structure slightly as it moves towards a recovery basis. The Upper Health and Care Cell has been stood down. We have been advised that the Homelessness Cell should continue but report to a newly formed Community & Voluntary Sector Engagement (CVSE) Recovery Cell. The Cell, moving forward, will likely be chaired by the new county wide homelessness coordinator (see para 3.5 above)

4. Organisational Impacts

4.1 Finance

No direct impact.

4.2 Legal Implications including Procurement Rules

There are no direct legal implications arising from this report.

4.3 Equality, Diversity and Human Rights

The Council is compliant with all requirements.

5. Risk Implications - not applicable

6. Recommendations

6.1 That members note the contents of the update.

Is this a key decision? No

Do the exempt information categories apply? No

Does Rule 15 of the Scrutiny Procedure Rules (call-in and urgency) apply? No

How many appendices does the report contain? None

List of Background Papers: None

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