



## Homelessness and Rough Sleeping Sub Committee

**Date:** MONDAY, 3 JULY 2023

**Time:** 11.00 am

**Venue:** COMMITTEE ROOM 3 - 2ND FLOOR WEST WING, GUILDHALL

**Members:** Ruby Sayed (Chair)  
Helen Fentimen (Deputy Chairman)  
Anne Corbett  
Deputy Marianne Fredericks  
Deputy Natasha Lloyd-Owen  
Eamonn Mullally  
Henrika Priest  
Mark Wheatley  
Munsur Ali (PAB)  
Umer Khan (Safer City Partnership)  
Paul Kennedy (City Churches)

**Enquiries:** **Katie Davies**  
**Katie.Davies@cityoflondon.gov.uk**

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<https://www.youtube.com/@CityofLondonCorporation/streams>

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**Ian Thomas CBE**  
**Town Clerk and Chief Executive**

# AGENDA

## Part 1 - Public Agenda

1. **APOLOGIES**
2. **MEMBERS DECLARATIONS UNDER THE CODE OF CONDUCT**
3. **ELECTION OF CHAIRMAN**  
To elect a Chairman in accordance with Standing Order 29.  

**For Decision**
4. **ELECTION OF DEPUTY CHAIRMAN**  
To elect a Deputy Chairman in accordance with Standing Order 30.  

**For Decision**
5. **MINUTES**  
To agree the public minutes and non-public summary of the meeting held on 26 April 2023.  

**For Decision**  
(Pages 5 - 12)
6. **OUTSTANDING ACTIONS**  
Report of the Town Clerk.  

**For Information**  
(Pages 13 - 14)
7. **CITY OF LONDON POLICE UPDATE**  
The City of London Police to be heard.  

**For Information**  
(Verbal Report)
8. **DELIVERING THE HOMELESSNESS & ROUGH SLEEPING STRATEGY 2023-27**  
Report of the Executive Director of Community and Children's Services.  

**For Decision**  
(Pages 15 - 18)

9. **OPERATIONAL ARCHITECTURE SUMMARY REPORT**  
Report of the Executive Director of Community and Children’s Services.  

**For Information**  
(Pages 19 - 28)
10. **HOT WEATHER SEVERE WEATHER EMERGENCY PROTOCOL (SWEP) UPDATE 2023**  
Report of the Executive Director of Community and Children’s Services.  

**For Information**  
(Pages 29 - 44)
11. **CITY OF LONDON WOMEN'S PROJECT REPORT**  
Report of the Executive Director of Community and Children’s Services.  

**For Information**  
(Pages 45 - 50)
12. **HOMELESS HEALTH WORK PLAN UPDATE REPORT**  
Report of the Executive Director of Community and Children’s Services.  

**For Information**  
(Pages 51 - 60)
13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB-COMMITTEE**
14. **ROUGH SLEEPING ASSESSMENT CENTRE (RSAC) UPDATE**  
Executive Director of Community and Children’s Services to be heard.  

**For Information**  
(Verbal Report)
15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
16. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB COMMITTEE**
17. **EXCLUSION OF THE PUBLIC**  
MOTION – that, under Section 100(a) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act  

**For Decision**

## **Part 2 - Non-Public Agenda**

18. **NON-PUBLIC MINUTES**

There are no non-public minutes of the meeting held on 26 April 2023.

19. **CITY OF LONDON POLICE NON-PUBLIC UPDATE**

The City of London Police to be heard.

**For Information**

20. **DEPARTMENT FOR LEVELLING UP, HOUSING AND COMMUNITIES (DLUHC)  
ROUGH SLEEPING INITIATIVE (RSI) HEADROOM FUNDING APPLICATION  
UPDATE**

Executive Director of Community and Children's Services to be heard.

**For Information**  
(Verbal Report)

21. **QUESTIONS RELATING TO THE WORK OF THE SUB-COMMITTEE WHILE THE  
PUBLIC ARE EXCLUDED**

22. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT WHILST  
THE PUBLIC ARE EXCLUDED**

## HOMELESSNESS AND ROUGH SLEEPING SUB COMMITTEE

Wednesday, 26 April 2023

Minutes of the meeting of the Homelessness and Rough Sleeping Sub Committee held at the Guildhall EC2 at 1.45 pm

### Present

#### Members:

Deputy Marianne Fredericks (Chairman)	Mary Durcan
Henrika Priest (Deputy Chairman)	Helen Fentimen
Deputy John Absalom	Eamonn Mullally
James Bromiley-Davis	Ruby Sayed
Anne Corbett	

#### Officers:

Katie Davies	- Town Clerk's Department
John Jeffery	- City of London Police
John Barker	- Community & Children's Services Department
Simon Cribbens	- Community & Children's Services Departments
Fleur Holley-Moore	- Community & Children's Services Department
Will Norman	- Community & Children's Services Department
Chris Pelham	- Community & Children's Services Department
Ellie Ward	- Community & Children's Services Department
Rowan Wyllie	- Community & Children's Services Department

#### 1. APOLOGIES

Apologies for absence were received from Alderman Broniek Masojada and Mark Wheatley.

The Chair provided an update on the new staff that had joined the Community and Children's Services Department to assist with homelessness and rough sleeping.

#### 2. MEMBERS DECLARATIONS UNDER THE CODE OF CONDUCT

There were no declarations.

#### 3. MINUTES

**RESOLVED** – That the public minutes and summary of the meeting held on 20 February 2023 be approved as a correct record, subject to the following amendment:

- Apologies for absence were received from James Bromiley-Davis

4. **OUTSTANDING ACTIONS**

Members received a report of the Town Clerk setting out the Sub Committee's outstanding actions list.

**RESOLVED** – That the report be noted.

5. **CITY OF LONDON POLICE UPDATE**

Members received an update of the City of London Police, and the following points were made:

- Operation Luscombe was in place to deal with the issue of begging on the streets. From the period of 21 December 2022, 28 notices were issued inviting individuals to attend the hub. The hub included City of London Police, the Rough Sleeping Team, charities, and drug and alcohol referral services. The notices were issued by a colour scheme which allowed a log to be kept of individuals on the system. The colour scheme ranged from Green, an invitation to the hub, to Red, stopping them from begging in The City for a three-month period. A survey was being developed to give to individuals using the hub to provide better and more engaging services.
- An update on Streetlink, as well as a partnership with Liverpool Street Station to advertise Street Link on their digital advertising board, would be given at the next meeting.

In response to a question from the Chair, Members were informed that begging trends remained level with key hotspots remaining under patrol.

A query was raised about other services offered by the Luscombe hub and uptake levels. It was noted that the hub met every two weeks, and an update and data will be provided by the next meeting.

Another query was raised concerning the motivation from begging. An Officer advised that anecdotally, the money individuals raised from begging was usually to purchase drugs and alcohol. Although some begged for basic sustenance, this was in a minority of cases. The Service provided a route off the street into accommodation where assessments of individual's needs could take place and they could be assisted. A Member asked whether data could be gathered and published, and an Officer advised they would look into this.

The Chair commented that as people generally carried less cash than previously, more people were now giving beggars food and drinks rather than money.

The Chair encouraged Members to attend the hub and thanked the vicar of the church for making the space available.

**RESOLVED** - that the update be noted.

6. **GROUNDSWELL - COPRODUCTION PHASE ONE REPORT FINDINGS**

The Sub Committee received a presentation from Groundswell on the City Coproduction Project. This project focuses on power sharing and increasing client involvement.

The importance of coproduction being woven throughout all work was discussed so that it informed work.

The Chair thanked Groundswell for their presentation as well as all their work, noting that there has been a noticeable reduction of rough sleepers thanks to their efforts and there were now multiple routes to help people off the streets.

**RESOLVED** – That the presentation be noted.

7. **STREETLINK**

The Sub Committee received a presentation from Greater London Authority on Streetlink.

The Sub Committee was informed that Streetlink was a service people could use to alert their local authority or its outreach team to someone they had seen sleeping rough with the purpose of connecting them to support to hopefully help them off the streets.

Members heard that the service was 10 years old and, in this time, there had been approximately 500,000 alerts, with over 300,000 of these in London. The proportion of those self-referring had increased over this time and now accounted for approximately one quarter of referrals in London. The majority of self-referrals were via the phone line, whereas the public mainly used digital services and were encouraged to do so.

The Sub Committee was informed that Streetlink London was a separate service set up in 2020 as a result of more people self-referring to Streetlink. It worked with approximately 200 people per quarter and aimed to directly prevent or resolve their rough sleeping, which it did in about two-thirds of cases.

Members were advised that the Government was procuring a new contract for the national Streetlink service under a revised service model, and this was due to commence in October 2023. It would be a digital service only. The GLA had been consulting on whether a service could be established to replace any functionality in London.

Members raised their concerns over the removal of the option of referring by phone which was usually the only option for rough sleepers and sometimes for office night security workers who made referrals after seeing people rough sleeping on CCTV as well as difficulties in using the app and frustrations in users not receiving updates on their referrals. A Member also questioned why it was not possible to refer people seen rough sleeping during the day and was advised that it was to ensure that people were rough sleeping and not just begging during the day. It was also noted that Streetlink was often the first

introduction to support services for rough sleepers so it was important it worked well and rough sleepers felt they were assisted.

In response to a question, Members were informed that a new interface was expected to be launched in September/October with improvements including better usability.

Members requested a written response to their feedback and requested that a follow-up session with the new provider be arranged.

**RESOLVED –**

- 1) That the presentation be noted.
- 2) That a follow-up session be arranged with the new provider.
- 3) Following further questions, additional data was provided to

Members.

**8. ANNUAL SEVERE WEATHER EMERGENCY PROTOCOL (SWEP) REPORT 2022/2023**

The Sub Committee received a report of the Interim Director of Community and Children's Services presenting the 2022/2023 Annual Severe Weather Emergency Protocol (SWEP) Report.

In response to a question, Members were informed that couples, either romantic or friends, could enter accommodations together. Both double and single rooms were available.

In response to a query, Members were assured that no evictions took place during the activation period. Evictions and abandonment were the result of those that found it difficult to follow the rules of accommodation and the ability to engage. The team continued to be in touch with these individuals and offer alternate accommodation. Members were advised that those who abandoned, all spent at least one night in the service when it was exceptionally cold. Data was collected and findings would be used when reviewing the SWEP policy for this financial year.

The chair noted how helpful SWEP is in longer periods of bad weather and thanked the staff working the extended SWEPs.

**RESOLVED –** That the report be noted.

**9. ROUGH SLEEPING Q3 2022/2023 PERFORMANCE REPORT**

The Sub Committee received a report of the Interim Director of Community and Children's Services presenting the Quarter 3 Rough Sleeping Performance Report for 2022/2023.

The Chair enquired if the Government would continue to give further support for those facing eviction, as it had done during lockdown. Members were informed an analysis of this could be found in the Kersley Report.

**RESOLVED –** That the report be noted.



10. **HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2023-27**

The Sub Committee considered a report of the Interim Director of Community and Children's Services on the Homelessness and Rough Sleeping Strategy 2023 to 27.

It was discussed that the strategy should emphasize the importance of the individual and that coproduction under weaved all works.

In response to questions from a Member about the contents of the Strategy, Members were informed that an Action Plan was being produced and would address these concerns. The Action Plan would be presented to a future meeting of the Sub-Committee as it was still being developed in consultation with partners and services users. The Strategy focused on how needs and priorities and the Action Plan would provide more detail on this.

Members requested to look at the Strategy in greater detail to gain a deeper understanding and discuss where action related to outcome and how that was measured.

An Officer stated that the comments of the Sub-Committee could be reflected when the Strategy was considered by the grand Committee and suggested that the approval of the strategy would be delayed as it would not impact the work on this. The Strategy could be submitted to a future meeting of the Sub-Committee along with the Action Plan when completed.

**RESOLVED –**

1) That Members would have an informal meeting with Officers to further discuss the strategy

2) That the Strategy and Action Plan be submitted together to a future meeting of the Sub-Committee.

11. **JOINT HEALTH AND WELLBEING STRATEGY**

The Sub Committee received a verbal report of the Interim Director of Community and Children's Services presenting the joint health and wellbeing strategy. It was noted that this is in consultation until 12 May 2023 with an Action Plan to follow, focusing on health inequalities, access to employment, and contacting both individuals and outside organisation.

**RESOLVED –** That this report be noted.

12. **'DANIEL' SAFEGUARDING ADULTS REVIEW - ACTION PLAN UPDATE**

The Sub Committee received a verbal report of the Interim Director of Community and Children's Services updating the Safeguarding Adults Review Action Plan. It was noted of the 13 recommendations, 4 were fully implemented and 3 had not progressed. Those that had not progressed were awaiting confirmation of their progression. There would be learning events later in the year to share findings with practitioners and partners and quality assurance

audits would be undertaken to check that recommendations had been implemented in the case work.

Members were advised that later in the year there would be a written update on the action plan and recommendations.

In response to a query, Members were informed that in case of a proposed reduction of funding, the report could be highlighted as one of the reasons funding needed to be kept in place.

It was noted that these recommendations had already been implemented by the City of London Police.

**RESOLVED** – That the report be noted.

**13. ASSESSMENT CENTRE UPDATE**

The Sub Committee received a verbal update of the Interim Director of Community and Children’s Services on the assessment centre, including the following points:

- Capital works have begun on site at Snow Hill with a forecasted completion of November. Noise concerns had been raised from an adjoining tenant. The diocese had funded some secondary glazing to help with this and the Corporation had agreed to fund some additional acoustic boarding protection. A positive meeting had been held between the contractor and the concerned tenant to resolve issues.
- There has been progression of the procurement contract, with environment safety a high priority. The selection process should be completed in Summer 2023.

**RESOLVED** – That this update be noted.

**14. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB COMMITTEE**

Questions were raised in respect of the following:

- In response to a query on access to dental health, Members were informed that a work stream to include dental health was underway. In the meantime, a weekly health van was available to individuals, with plans to include other areas of health.
- The Chair raised concerns of individuals riding trains and night buses. The Members were informed that Officers reached out to GLA and would try to capture this data.

**15. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

The Chair noted that this was the last meeting before the end of the civic year and thanked the Members, Officers, and partners for their work, applauding the opening of the assessment centre.

**16. EXCLUSION OF THE PUBLIC**

**RESOLVED**– that, under Section 100(a) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that

they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

<b>Item no</b>	<b>Para no</b>
17	3

17. **NON-PUBLIC MINUTES**

**RESOLVED**, that the non-public minutes of the meeting held on 20 February 2023 be approved.

18. **CITY OF LONDON POLICE NON-PUBLIC UPDATE**

There was no Non-Public City of London Police update.

19. **QUESTIONS RELATING TO THE WORK OF THE SUB COMMITTEE WHILE THE PUBLIC ARE EXCLUDED**

There were no non-public questions.

20. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT WHILST THE PUBLIC ARE EXCLUDED**

There was no other business.

**The meeting closed at 3.40 pm**

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Chairman

**Contact Officer: Katie Davies**  
**Katie.Davies@cityoflondon.gov.uk**

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**Homelessness and Rough Sleeping Sub Committee – Outstanding Actions**  
**July 2023 update**

Action Number	Agenda Item	Action	Progress Update
5/22/HRS	<b>17. Homelessness and Drugs</b>	An informal discussion session be delivered to the Sub-Committee, Police Authority Board and Safer City Partnership around the arrangements in place in the City of London to disrupt drug supply and support individuals affected by drug misuse	<b>Russell Pengelly, Deputy Director of Public Health/City of London Police, to deliver in November 2022 meeting.</b>  <b>Delayed.</b>
4/23/HRS	<b>7. Streetlink</b>	Members requested a written response to their feedback and requested a follow-up session with the new provider. The new programme is set to be launched in October 2023.	<b>Letter composed, awaiting signature.</b>
4/23/HRS	<b>10. Homelessness and Rough Sleeping Strategy 2023-2027</b>	Members requested a Deep Dive to discuss the strategy before making recommendations.	<b>To be discussed at July 2023 sub committee meeting.</b>

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# Agenda Item 8

<b>Committee(s):</b> Homelessness and Rough Sleeping Sub-Committee - <b>For Decision</b>	<b>Dated:</b> 03/07/2023
<b>Subject: Delivering the Homelessness &amp; Rough Sleeping Strategy 2023-27</b>	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	1,2,3,4
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	<b>N/A</b>
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	<b>N/A</b>
<b>Report of: Judith Finlay, Executive Director – Community &amp; Children's Services</b>	<b>For Decision</b>
<b>Report author: Scott Myers, Strategy &amp; Projects Officer, Community &amp; Children's Services</b>	

## Summary

Members are asked to endorse the Homelessness & Rough Sleeping Strategy 2023-27 following a presentation that sets out the delivery of the Strategy's action plan for comment and amendment prior to approval at Community & Children's Services Committee.

## Recommendation(s)

Members are asked to:

- **Endorse the following recommendations for approval by the Community and Children's Services Committee.**
- **Delegate endorsement of any additional amendments to the Executive Director of Community & Children's Services in consultation with the Chairman & Deputy Chairman of the Sub-Committee.**

## Main Report

### Background

1. Members of the Homelessness and Rough Sleeping Sub-Committee have been involved in the development of the Homelessness and Rough Sleeping Strategy

2023-27 throughout the stages of development and public consultation. At the most recent Sub-Committee meeting on the 26<sup>th</sup> of April 2023, Members asked for a deep dive to investigate in more detail how the strategy outcomes and priorities would be delivered and measured for success. Members also noted that co-production should be strengthened as a backbone of the strategy.

2. Following the Sub-Committee, it has not been possible to arrange a deep dive as a separate meeting due to clashing diary commitments of meeting attendees. Therefore, we are conducting a deep dive as part of this meeting in the form of a presentation and discussion.
3. During the deep dive, Officers will update Members on how the City Corporation and its partners will deliver the priority areas set out in the strategy, and how we will measure impact and success of delivering these objectives, as well as timescales of delivery.
4. Following this presentation and discussion, Members are asked to endorse the Homelessness & Rough Sleeping Strategy 2023-27 prior to progression to the Community & Children's Services Committee on the 14<sup>th</sup> of September 2023 for final approval.
5. In the event of Members requesting further changes or information relating to the strategy or its delivery, final endorsement will be sought in conjunction with the Chairman and Deputy Chairman of this Sub-Committee outside of this meeting, following any necessary changes.

### **Corporate & Strategic Implications**

Financial implications – None identified

Resource implications – None identified

Legal implications – The City of London Corporation has a statutory duty under the Housing Act (1996) to prevent homelessness and provide assistance or advice to those who are homeless, or at risk of homelessness. Under the Homelessness Act, 2002, the City of London Corporation is required to have a strategy in place covering all forms of homelessness in its locality, that must be updated at least every 5 years.

Risk implications – None identified

Equalities implications - Developing a dedicated Homelessness and Rough Sleeping Strategy with strong evidence on how we will deliver the strategy will work towards tackling inequality of opportunity. A dedicated Equality Impact Assessment has also been developed to demonstrate this, as inequality disproportionately impacts on those with protected characteristics.

Climate implications – None identified

Security implications – None identified

### **Conclusion**



6. By agreeing to delegate final endorsement of the strategy to the Chairman and Deputy Chairman of this Sub-Committee in the event of further changes being requested, Members will give Officers additional time to carry out these changes before progressing to final approval at the Community and Children's Services Committee in September 2023.

### **Appendices**

- **None**

### **Scott Myers**

Strategy & Projects Officer, Community & Children's Services

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<b>Committee(s):</b> Homeless and Rough Sleeping Subcommittee	<b>Dated:</b> 03/07/2023
<b>Subject: Operational Architecture Summary Report</b>	<b>Public</b>
<b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b>	1,2,3,4,9,10
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	
<b>Has this Funding Source been agreed with the Chamberlain’s Department?</b>	<b>N/A</b>
<b>Report of:</b> Judith Finlay – Director, Community and Children’s Services	<b>For Information</b>
<b>Report author:</b> Will Norman – Head of Homelessness Prevention and Rough Sleeping	

## Summary

This report provides Members with an up-to-date overview of the City of London’s rough sleeping and homelessness services. The report sets out the Statutory Homelessness, Rough Sleeping and Accommodation Pathway elements and describes the intersectionality of these three areas. The report includes references to City of London commissioned initiatives and services funded or commissioned from elsewhere.

The report uses data from a 6-month period between 1 December 2022 and 31 May 2023. This period was chosen to offer Members an up to date, relevant insight into activity prior to annual Combined Homelessness Information Network (CHAIN) data being published in late June.

Two appendix documents are included. Appendix 1 shows the service area in diagrammatical form and appendix 2 (non-public) provides 2 anonymised case studies. The report and appendix 1 are designed to be viewed together to provide a description of the level of demand upon each service area with indicative headline data for each

## Recommendation

Members are asked to:

- Note the report.

## Main Report

### Background

1. Since 2017/18 the City of London has achieved grant awards annually from the Department for Levelling Up, Housing and Communities (DLUHC) Rough Sleeping Initiative Grant (RSI). Awards have increased steadily and the grants for FY's 2022/23 to 2024/25 now average over £1m per annum.
2. In 2019 the City of London commissioned Homeless Link to undertake a gap analysis and review our existing homelessness and rough sleeping service delivery.
3. In 2019 Members agreed an increase in budget to enhance outreach capacity and improve route of the street offers and options for longer-term, complex needs rough sleepers. As a result, the Homelessness and Rough Sleeping Service area has three distinct, but interconnected service areas:
  - Statutory Homelessness
  - Rough Sleeping
  - Pathway
4. All three service areas have access to an array of statutory and commissioned support services meeting health, wellbeing and substance misuse needs.

### Current Position

Core objectives and description of services:

5. **Rough Sleeping** – *rough sleepers in the Square Mile will be discovered quickly. They will understand that they can be assisted, how this can happen and the services that can support them. This offer is open to all, without discrimination.*
6. The City of London commissions the following rough sleeper focused services, either funded directly, through Rough Sleeping Initiative funding, or through a combination of both:
  - **City Outreach Service (Thames Reach)** – our core outreach service operating close to 365 days per year. Daily outreach shifts are provided with the aim being to engage rough sleepers and provide a comprehensive needs and risks assessment, either from the street or after a referral into an assessment or emergency bed.
  - **City & Tower Hamlets Navigator Service (St Mungos)** – jointly commissioned with Tower Hamlets. More complex outreach methodology. Focus on long-term, complex needs individuals often rough sleeping to the east of the Square Mile.

- **City Assessment Service at City Inn Express (Thames Reach)** – 21 rooms. Our interim assessment bed setting commissioned to fill the gap between the closure of Carter Lane (pandemic provision) and the opening of the new City of London Rough Sleeping Assessment Centre.
7. The following service is commissioned by the Greater London Authority (GLA) but works in collaboration with City commissioned services.
- **Pan-London Navigator Service (St Mungos)** – similar methodology as the City and Tower Hamlets Navigators. The service has access to the City of London Pathway via referral in the same way as City commissioned services.
8. **Pathway** – *provides safe, secure and comfortable accommodation matched to the variety of presenting need. Settings will be professionally managed, have clear objectives and offer a dignified environment for former rough sleepers to recover and progress.*
9. The City of London commissions the following Pathway focused services, either directly funded, through Rough Sleeping Initiative (RSI) funding, or through a combination of both:
- **Grange Rd (St Mungos)** – 29 room high support project operating as a Psychologically Informed Environment (PIE). The service offers a variety of options from single rooms to self-contained studios. 24/7 staffing.
  - **Crimscott St (Providence Row Housing Association)** – 21 rooms based on a site adjacent to Grange Rd. Low to medium support service offering self-contained, semi-independent living. Staff on site 9-5. The service acts as a progression offer for Grange Rd residents.
  - **The Lodges (St Mungos)** – two projects totalling 57 rooms jointly commissioned by City and Westminster. The Lodges offer a unique ethos where rough sleepers with extensive experience of homelessness and who often hold a negative view of residential services, can live semi-independently with minimal support. The focus is on dignity and wellbeing rather than progression.
  - **City and Hackney Housing First (St Mungos)** – 12 tenancies operated along Housing First principles. This means rough sleepers can access tenancies directly from the street, regardless of support needs, and receive intensive, wrap-around support from a network of providers.
  - **Temporary Accommodation (TA) (various)** – the City uses temporary accommodation on a discretionary basis to provide flexible capacity in the Pathway. Discretionary TA is used to ease winter pressure, provide tailored options or offer sideways moves within the pathway.
10. **Statutory Homelessness** – *discharges our duties under housing and homelessness legislation in an applicant focused way. The service will seek to prevent homelessness and when it does occur, we will act with pace to resolve.*

11. The Statutory Homelessness Team operates within the legislative frameworks provided by the Part 7 Housing Act 1996, Homelessness Reduction Act 2017 and the Domestic Abuse Act 2021, among others.
12. For the prevention and relief of homelessness, the interim duty to accommodate is met through the provision of TA under s188 Part 7 Housing Act. Where applicants are eligible for assistance under the main duty, this is most commonly discharged into City of London social housing or the private rented sector (PRS).
13. The City commissions a specialist service in support of the Statutory team. This is jointly funded by the RSI.
  - **City of London Women’s Project (Housing Action Management)** – a 6 bed house for women fleeing domestic abuse. No on-site support. The service secures our compliance with the Domestic Abuse Act 2021 and can also be accessed on a discretionary basis for female rough sleepers.
14. **Related Support Services** – *we sustain productive relationships with agencies delivering support to the Square Mile and sub-regionally. Through our partnerships we ensure the rough sleepers, and anyone accommodated in our Pathway has access to the right support.*
15. The City of London commissions the following support services, either directly funded, through Rough Sleeping Initiative (RSI) funding, or through a combination of both:
  - **Tri-Borough Psychotherapy Service (Providence Row Charity)** – funded by the RSI and shared between City, Tower Hamlets and Hackney. Outreach based model that works with rough sleepers or accommodated clients who benefit from greater focus on psychological needs and wellbeing. Supports concepts around change adaption, goals and aspirations.
  - **Mobile Intervention Support Team (Thames Reach)** – outreach service helping former rough sleepers to adapt to moving into accommodation with particular focus on clients in unsupported settings such as B&B and TA.
  - **Streets to Work (St Giles Trust)** – offers skills, training and pre-employment support to anyone in the Pathway, rough sleeping or vulnerable residents in City of London social housing.
16. Additional services are available through regional homelessness bodies, NHS and Public Health systems:
  - **City & Hackney Drug and Alcohol Service (Turning Point)** – commissioned by City and Hackney Public Health with additional funding from Office from Health Improvement and Disparities (OHID) to provide a dedicated rough sleeping outreach workstream. Harm minimisation, cessation and residential treatment options.

- **Rough Sleeper Mental Health Project (RaMHP)** – commissioned by the GLA to deliver outreach based statutory mental health services to rough sleepers and onward referral to community services for clients moving into accommodation.
- **City and Hackney Mobile Health Clinic (East London Foundation Trust)** – an extension of the Greenhouse GP practice which offers a mobile clinic on a weekly basis. Jointly coordinated by the City of London Homeless Health Coordinator. Vehicle based service which can link with other offers including substance misuse, mental health and sexual health.

## **Key Data**

17. Paras 18 to 24 set out the demand for each service area. The period chosen is the last 6 calendar months – 1 December 2022 to 31 May 2023. These sections when viewed together and alongside the diagram which can be found as appendix 1, serve to demonstrate the relationships between the service areas and the potential progress for clients through our pathway.

## **Statutory Homelessness**

18. The period saw 297 approaches for assistance to our Statutory Homelessness Team. Most approaches are resolved quickly through advice, guidance and signposting.

19. The team accepted a prevention, relief or main duty in 21 cases. The remaining cases were provided with advice, guidance and signposting or received case work to establish eligibility, entitlements or connections to other areas. In the same period, 9 duties were fully discharged or closed.

20. During the 6-month period the team placed 16 individuals and households in TA. The period began with 26 households in TA.

## **Rough Sleeping**

21. The outreach team received 784 Streetlink referrals. The active outreach caseload (excludes clients we have not identified or seen only once) is 137 for the core outreach service operated by Thames Reach and 45 for the City and Tower Hamlets Navigator service operated by St Mungos (182 combined caseload). These are distinct caseloads with no double-counting.

22. The 6-month period saw our outreach services and the Rough Sleeping Team complete a total of 99 accommodation placement events. This includes individuals placed more than once in the period. Severe Weather Emergency Protocol (SWEP) placements were also included. This can be broken down as follows:

<b>Setting</b>	<b>Count</b>
B&B	33
City Inn Express	33
Temp. Accommodation	33

23. The same period saw 117 referrals to support services. This can be broken down as follows:

<b>Service</b>	<b>Count</b>
Streets to Work	5
MIST	21
Statutory Homelessness	8
Immigration Advice Service	11
RaMHP	37
Turning Point	11
No Second Night Out	24

### **Pathway**

24. There have been 43 admissions into the supported accommodation pathway. This figure includes the initial mobilisation of Grange Rd. SWEP placements, CIE and 'off the street' and emergency accommodation arranged for the outreach team is not included.

<b>Service</b>	<b>Booked in</b>
Crimscott Street	5
Grange Road	32
Housing First	2
Great Guildford Street	1
PRS Scheme	1
Your Place (Caritas Anchor House)	1
The Lodges	1

### **Corporate & Strategic Implications**

Financial implications - none

Resource implications - none

Legal implications - none

Risk implications - none

Equalities implications – none

Climate implications - none



Security implications - none

## **Conclusion**

25. The Thames Reach outreach team received 784 referrals in the 6-month period and the team had an active caseload of 137. When combined with the City and Tower Hamlets Navigator service, the total outreach caseload in the period was 182.
26. Statutory Homelessness services saw 297 approaches for advice, guidance and assistance. After qualifying cases for eligibility, 21 duties were accepted, and 16 new Temporary Accommodation placements were created.
27. The period saw 43 people move in our supported accommodation pathway. This figure includes 32 people who moved into the new Grange Rd project in Southwark.
28. A total of 117 referrals to other support services are recorded. This includes health, wellbeing and substance misuse services.

## **Appendices**

- Appendix 1 – Homelessness and Rough Sleeping Architecture Diagram
- Non-public Appendix 2 – Case Studies

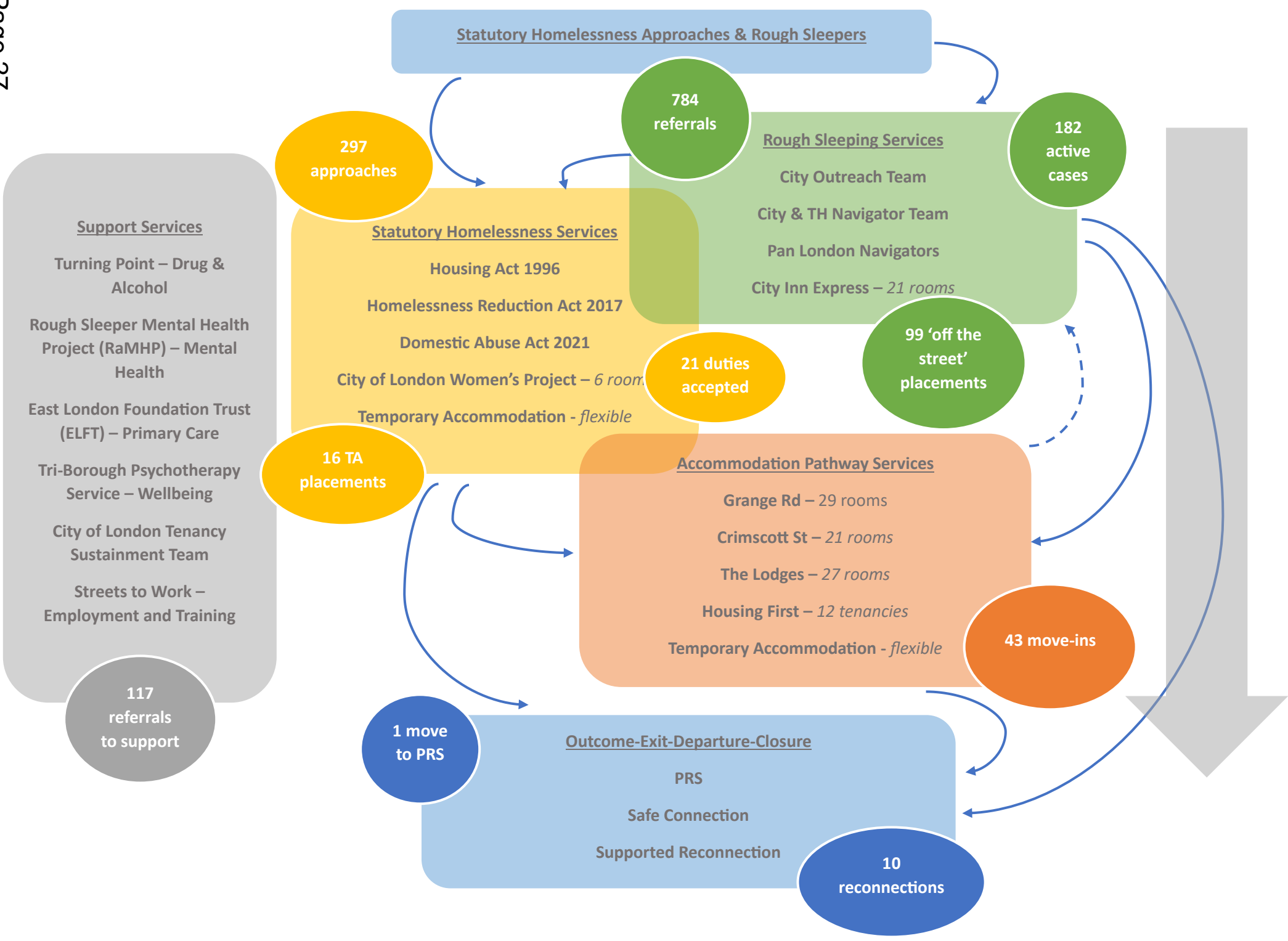
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<b>Committee(s):</b> Homelessness and Rough Sleeping Sub-Committee	<b>Dated:</b> 03/07/2023
<b>Subject:</b> Hot Weather SWEP Update 2023	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	1, 2, 3, 4, 10
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>No</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	<b>N/A</b>
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	<b>N/A</b>
<b>Report of:</b> Judith Finlay, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Fleur Holley-Moore, Rough Sleeping Services Manager	

## Summary

This report introduces Members to the Greater London Authority's Hot Weather Severe Weather emergency arrangements (H-SWEP) for Summer 2023. The report sets out why City of London (CoL) has developed a specific H-SWEP and included is a summary of CoL's proposed response to extreme hot weather for those who sleep rough in the square mile.

The City of London is currently finalising its Hot Weather Severe Weather Emergency Protocol for Summer 2023. The Greater London Authority's H-SWEP guidance is included as Appendix 1 and should be read alongside this report.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

### Background

1. Summer 2022 saw dangerously high temperatures in London putting those who sleep rough, and other vulnerable groups, at risk of poor health outcomes or even death. We can expect to see an increase in regular periods of extreme hot weather due to climate change.

2. Those who sleep rough are at a very high risk of poor health outcomes, or even death, during extreme hot weather. Government guidance - 'Supporting vulnerable people before and during hot weather: people homeless and sleeping rough'<sup>1</sup> states that people sleeping rough are more at risk from hot weather because:
  - they are more likely to be exposed to heat
  - they are likely to be more vulnerable to the effect of heat due underlying health conditions
  - they may be less able to take preventative steps for a variety of reasons, especially as a result of social exclusion
3. For Summer 2023, the Greater London Authority (GLA) has issued official H-SWEP guidance for London Local Authorities and the City of London.
4. The H-SWEP guidance uses the Heat Health Alerts, issued by UK Health Security Agency (UKHSA), that alert to what the impact the heat could have. There are four alert levels:
  - Green: When there is expected to be minimal impact on health (and no alert will be issued)
  - Yellow: When people who are more vulnerable may struggle to cope. This may be issued when temperatures are forecast to reach 30 °C for a couple of days
  - Amber: When the impact from the heat is likely to be felt across the whole population. This may be triggered when temperatures are forecast to approach 32°C
  - Red: When there is significant risk to life, for the whole population.
5. Under this new guidance, GLA will now activate H-SWEP when UKHSA issues an Amber or Red heat alert for London.
6. During periods of Yellow alert, the GLA will circulate an email notifying that local authorities should be taking appropriate action, but this will not be formal notification that H-SWEP is activated for London.
7. GLA will then notify when H-SWEP is deactivated, or the Yellow alert has come to an end.
8. Please note that the forecast temperature is a considerable factor of the Heat Health Alert level issued, but several elements are considered together. This means the alert level set by the UKHSA may be lower or higher than what the forecast temperatures indicates it could be.
9. The H-SWEP guidance states that the London's response will be reflective of the alert level issued, to ensure services respond appropriately and proportionately to the different level of risk that comes with varying temperatures and conditions.

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<sup>1</sup> [Supporting vulnerable people before and during hot weather: people homeless and sleeping rough - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/supporting-vulnerable-people-before-and-during-hot-weather-people-homeless-and-sleeping-rough)

10. As it is new guidance, it will be kept under review by the GLA throughout Summer 2023

### City of London H-SWEP Response

11. In response, CoL is developing new standalone H-SWEP guidance for the corporation and its commissioned providers. This is to ensure there is a distinct service offer to keep rough sleepers safe and protected when Yellow, Amber and Red Heat Health Alerts are in place.

12. This guidance builds upon what has already been in place since 2022 in City of London when hot weather arrangements was an appendix to the winter SWEP.

13. The protocol will focus on daytime interventions when the temperatures, and risk, are highest. To reduce risk to health, the protocol focuses on three main areas:

- Effectively utilising a hot weather assessment tool to identify those most at risk during hot weather.
- Providing effective day time coverage providing practical advice, guidance and support to keep cool.
- The provision of daytime 'cool spaces' when the alert level reaches Amber or Red

14. We have developed a Hot Weather Assessment Tool specifically designed to assist CoL's Outreach team in evaluating risk factors associated with extreme heat in the context of rough sleeping and its related complexities. The identification of these risk factors and their impact has been informed by peer-reviewed research, including 'Hot Weather and Heat Extremes: Health Risks'<sup>2</sup> and government guidance 'Supporting Vulnerable People Before and During Hot Weather: People Homeless and Sleeping Rough'.<sup>3</sup>

15. The tool results in a score that can then be used to determine those at highest risk from heat related health complications, and resources are prioritised accordingly.

16. CoL's H-SWEP can be summarised as follows:

Alert Level	CoL's H-SWEP response
Green	No specific provision
Yellow	<ul style="list-style-type: none"><li>• Increased daytime targeted coverage</li><li>• Water and suncream provision</li></ul>

<sup>2</sup> [Hot weather and heat extremes: health risks - The Lancet](#)

<sup>3</sup> [Supporting vulnerable people before and during hot weather: people homeless and sleeping rough - GOV.UK \(www.gov.uk\)](#)

	<ul style="list-style-type: none"> <li>• Guidance and advice of keeping cool and out of the sun</li> <li>• Signposted to existing open access spaces to keep cool</li> </ul>
Amber	<ul style="list-style-type: none"> <li>• As above</li> <li>• Accommodation offer for those at increased risk of poor health outcomes caused by hot weather</li> <li>• Cool space daytime provision at Providence Row Day Centre</li> </ul>
Red	<ul style="list-style-type: none"> <li>• As above</li> <li>• At this level there may be an impact on support services, infrastructure etc, and this will need to be considered on a case by case basis</li> </ul>

17. CoL's H-SWEP provision align with the GLA's Pan-London response. During periods of Amber and Red activation, the GLA will also use any available bedspaces in its pan-London supported accommodation and hubs as 'overflow' emergency accommodation, should local provision not be able to meet demand.

18. We are currently in the process of confirming CoL's cool space daytime provision at Providence Row Charity. Providence Row Charity is a homeless day centre and support provider on Wentworth Street, London Borough of Tower Hamlets. Critically it is a safe, air-conditioned, and appropriate space that many clients are already familiar with.

19. CoL plans to fund an additional daytime staff member to be based at Providence Row Charity during weekdays of Amber and Red H-SWEP activations to support additional demand placed on the service from CoL's rough sleepers.

20. To ensure a 7-day service, during weekends when the centre is usually closed, we are working with London Borough of Tower Hamlets to jointly fund a day time provision on Saturday and Sunday during Amber and Red activations.

21. For accommodation, voids in City Inn Express will be utilised first, and then hotel bookings will be made.

### Options

22. There are no additional options arising from this report.

### Proposals

23. There are no proposals arising from this report.

### Key Data



24. There is no key data arising from this report.

### **Corporate & Strategic Implications**

Financial implications – N/A

Resource implications – N/A

Legal implications – N/A

Risk implications – N/A

Equalities implications – N/A

Climate implications – H-SWEP is in response to the increase in extreme weather conditions caused by climate change. To reduce the risk of poor health outcomes and even death for the rough sleeping population, additional resources such as air conditioning will need to be utilised. We acknowledge that these are a contributing factor to the climate emergency, but not doing so could directly lead to hospitalisation or even loss of life for an individual.

Security implications – N/A

### **Conclusion**

25. The City of London's Hot Weather Severe Weather Emergency Protocol is being developed to provide guidance to the City of London Corporation and its commissioned services when responding to hot weather throughout Summer 2023

26. Amber and Red H-SWEP for Summer 2023 will now be activated and deactivated for London by the GLA, instead of locally as it has been in previous years. An alert will be circulated during periods of Yellow heat alerts. This brings it closer in line to how Severe Weather Emergency Protocol operates over the winter months.

27. In line with Pan-London guidance, CoL H-SWEP provision will be appropriate and proportionate to the risk from the hot weather, and will be tiered depending on UKHSA's Heat Health alert level (Green to Red)

### **Appendices**

- Appendix 1 - Hot Weather Severe Weather Emergency Protocol (H-SWEP): Guidance and activation procedure for London (2023) (GLA)

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## Hot weather Severe Weather Emergency Protocol (H-SWEP): Guidance and activation procedure for London (2023)

### 1. Who is this for?

This H-SWEP guidance has been produced for London local authority rough sleeping lead officers, and anyone involved in the provision of services for people sleeping rough in the capital. It may also be useful to those considering their response to heatwaves (e.g. local resilience forums).

Other useful resources are available, such as UKHSA guidance: “Supporting people sleeping rough before and during hot weather”<sup>1</sup>, and Homeless Link<sup>2</sup> resources.

This guidance was produced in 2023, using input from a rapid evidence review, experience from 2022, and discussion by a task and finish group. It will be kept under review and may be updated for summer 2024, if needed. It provides a series of recommendations which local authorities will choose to deliver in a variety of different ways based on local circumstances.

If you have any questions or comments regarding this document, please contact: [roughsleepingcommissioning@london.gov.uk](mailto:roughsleepingcommissioning@london.gov.uk)

### 2. What is SWEP?

Severe Weather Emergency Protocol (SWEP) is an emergency humanitarian response to severe weather conditions, the primary aim of which is to preserve life. Each borough is expected to make its own local SWEP response for those sleeping rough in the area. The local response should be informed by an assessment of need undertaken at the borough level.

### 3. Why is H-SWEP guidance needed?

Climate change means we can now expect regular episodes of dangerously high temperatures in London and therefore since summer 2022, GLA has issued H-SWEP guidance. Most heat-related illness and deaths are preventable with appropriate action. UKHSA has an interim estimate of 2,803 heatwave-associated excess deaths in England’s 65+ general population in 2022<sup>3</sup> - there is no estimate available specifically for the rough sleeping population. Increasing temperatures (in excess of 25°C) are associated with excess heat-related deaths, with higher temperatures associated with greater numbers of excess deaths.

People sleeping rough have a higher risk of poor health outcomes or even death during hot weather for three key reasons. First, they are likely to have greater levels of exposure to heat – as they may be exposed to direct sun and the higher temperatures in many built-up environments. Second, they are likely to be more vulnerable to the effect of heat due to underlying health conditions or other factors, such as drug or alcohol use, that affect their ability to adapt their behaviours to the increased temperatures. Third, they may be less able to take preventative steps or

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<sup>1</sup> <https://www.gov.uk/government/publications/hot-weather-and-health-supporting-vulnerable-people/supporting-vulnerable-people-before-and-during-hot-weather-people-homeless-and-sleeping-rough>

<sup>2</sup> <https://homeless.org.uk/knowledge-hub/hot-weather-swep/>

<sup>3</sup> <https://www.gov.uk/government/publications/heat-mortality-monitoring-reports/heat-mortality-monitoring-report-2022>

respond to extreme heat for other reasons related to their circumstances, especially social exclusion and lack of financial or other resources.

#### 4. When will action be needed and the activation procedure

Heat health alerts<sup>4</sup> (HHA) are issued by UKHSA in partnership with the Met Office.<sup>5</sup> The core alerting season is between 1 June and 15 September. Alerts can be issued outside of this, but this is when heatwaves are most likely to occur.

The heat health alerts aim to flag what impact heat will have. They are based on a combination of the impact the weather conditions could have, and the likelihood of those impacts. Unlike winter SWEP the ‘trigger’ is not solely based on forecast temperature. They have four levels:

Alert level	What this level indicates	Possible scenario when this is triggered
Green (preparedness)	No alert will be issued as the conditions are likely to have minimal impact and health – however, planning and preparations are recommended.	
Yellow (response)	These alerts cover a range of situations, but may be issued when people who are more vulnerable (such as those who are rough sleeping) may struggle to cope. A yellow alert may also be issued if the confidence in the weather forecast is low, so has the potential to be upgraded.	This may be triggered when forecasted temperatures in London approach 30°C for a few days, with high overnight temperatures – but a yellow alert could be issued due to a range of factors. <sup>6</sup>
Amber (enhanced response)	An amber alert indicates that weather impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk. Non-health sectors may also start to observe impacts and a more significant coordinated response may be required.	This this may be triggered when forecasted temperatures in London approach 32°C – but an amber alert could be issued due to a range of factors.
Red (emergency response)	A red alert would indicate significant risk to life for even the healthy population. It may mean that national critical infrastructure failures are anticipated – such as generators and power outages or major roads and rail lines closed.	

<sup>4</sup> To sign up for the UKHSA heat health alerts, users must register here <https://forms.office.com/pages/responsepage.aspx?id=mRRO7jVKLkutR188-d6GZn06Ss-xPLpCuYeyOZ-eFiFUMEVIMDRTOE5FVzFFMONXNjFMWUIWMkJVMCQIQCNOPWcu>

<sup>5</sup> Please note, the Met Office deliver the national severe weather warning service which is triggered at higher temperatures likely to affect the general public and have cross-sectoral impacts. Both services are intended to be aligned. It should be noted that the HHA and National Severe Weather Warning Service Extreme Heat system are both separate to the Met Office Heatwave Definition. For more information, please see [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1153477/User-Guide-impact-based-weather-and-health-alerting-system.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1153477/User-Guide-impact-based-weather-and-health-alerting-system.pdf)

<sup>6</sup> The possible temperatures suggested here are based on information which has been provided to the GLA about the indicative thresholds for different levels of alert. However, forecast maximum temperatures are only one factor that UKHSA consider when setting the alert level so alerts may be issued at temperatures different to those stated here. The GLA will keep this under review across the summer and consider any implications for this guidance.

## Activation procedure

The GLA will activate H-SWEP in line with the UKHSA's heat health alerts. If the UKHSA's heat health planner suggests an Amber or Red alert is due to start in the next 5 days, a notification will be circulated by the GLA to key SWEP contacts for each borough.

- On the morning that a **Yellow** alert commences, the GLA will notify SWEP contacts that additional preparations and enhanced outreach are advised.
- On the morning that an **Amber or Red alert** for London commences, the GLA will activate H-SWEP.
- Should the Heat Health alert be upgraded or downgraded between Yellow, Amber or Red, the GLA will notify SWEP contacts of this change.
- If the alert is extended beyond the period which was originally stated, the GLA will issue a SWEP continuation notification.
- When a Heat Health alert is downgraded below Amber the GLA will deactivate SWEP.

If the Heat Health alert suggests that Amber or Red will be reached during a weekend or bank holiday, SWEP will be activated on the working day immediately preceding this. Similarly, H-SWEP will only be modified or deactivated on a working day.

When sending H-SWEP activation, continuation or deactivation notifications, the GLA will endeavour to email SWEP contacts before 09:30am on the morning in question.

## 5. What action is recommended?

### In advance of heat health alerts

#### Plan response

Identify suitable cool spaces for use during the day (see detail below), and what accommodation options could be suitable during periods of hot weather (as well as how to prevent rooms becoming too hot)<sup>7</sup>. This may include purchasing room thermometers or other equipment to help indoor areas or people stay cool.

#### Build your response network

Make links with others who can mobilise and/or support a response. This could be via the local resilience forum, who will also have plans to respond to heat. It is likely to include links to community groups and other local services who may be able to support a response during hot weather, including emergency services and those who may also engage with people who are sleeping rough. Voluntary and faith sector, health and veterinary care in the local area will all play a key role in the response.

A local resilience forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. LRFs aim to plan and prepare for localised incidents and catastrophic emergencies, such as extreme heat. They work to identify potential risks and produce emergency plans to either prevent

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<sup>7</sup> This could include the suggestions from the 'Beat the Heat' guidance

<https://www.gov.uk/government/publications/heatwave-plan-for-england/beat-the-heat-keep-cool-at-home-checklist>

or mitigate the impact of any incident on their local communities. It is worth checking your plans are consistent with and build upon local resilience arrangements.

#### Train staff and volunteers

This may include sharing materials that explain the risk of heat for people's health, what to be aware of, and what steps can be taken to prepare for, and respond to, a heat health alert. This should also include information about preventing ill health during hot weather, and the signs and symptoms of heat-related illness. Given that periods of extremely hot weather may also endanger staff and volunteer health, consider in advance their health needs and appropriate adjustments. It is worth checking the latest available advice for the general population: [Beat the Heat](#).

#### Assess individual vulnerability to heat

It may be helpful to identify individuals with risk factors that make them more vulnerable to heat ahead of a heatwave event. This could involve understanding if someone who is rough sleeping has particular risk factors that could mean they are more vulnerable during periods of hot weather. Where possible, it's advised that an assessment is made of their level of exposure to extreme heat, any health conditions they have, and their likelihood of engaging with a response (as detailed in the next section).

#### Prepare resources

This could include a local map of cool spaces<sup>8</sup> and water fountains<sup>9</sup>, and resources for people who are sleeping rough that encourage them to look after their health in hot weather<sup>10</sup>. Lack of access to toilets can mean people avoid drinking fluids which exacerbates dehydration, so resources could include details of nearby public toilets<sup>11</sup>. General guidance<sup>12</sup> suggests the following can all help people stay well:

- Find somewhere cool
- Drink plenty of fluids and avoid excess alcohol
- Slow down when it's hot
- Cool your skin with water, slow down and drink water
- Dress appropriately for the weather

#### During yellow alert: enhanced outreach

Outreach teams should ensure that people who are sleeping rough are:

- offered advice about keeping cool, such as avoiding direct sun (including seeking shade)
- offered water or other ways to stay hydrated
- offered, or signposted to, other useful resources, such as appropriate clothing (e.g. loose cotton, hats, sunglasses) or suncream

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<sup>8</sup> <https://www.london.gov.uk/programmes-strategies/environment-and-climate-change/climate-change/climate-adaptation/cool-spaces>

<sup>9</sup> More information available here: <https://www.london.gov.uk/programmes-strategies/environment-and-climate-change/waste-and-recycling/single-use-plastic-bottles/drinking-fountains-london>

<sup>10</sup> <https://groundswell.org.uk/resources/>

<sup>11</sup> <https://tfl.gov.uk/help-and-contact/public-toilets-in-london>

<sup>12</sup> <https://www.gov.uk/government/publications/beat-the-heat-hot-weather-advice/beat-the-heat-staying-safe-in-hot-weather>

- signposted to places where they could cool down (either places that are generally available, such as those on the GLA Cool Spaces map, or places specifically catering for people who are rough sleeping if available)
- assessed for particular vulnerability to heat, especially if they have not previously been assessed<sup>13</sup>
- where identified as more vulnerable, are a focus for further action
- checked for any signs of heat-related illness and early signs of dehydration<sup>14</sup>

To do this effectively, this should:

- draw on support from other services, such as those who are part of the local resilience forum and others working with this group, such as voluntary sector organisations, drug and alcohol treatment providers and others
- ensure those who interacting with people sleeping rough are aware of the signs and symptoms of dehydration, heat-related illness, and symptoms of heatstroke (which is a medical emergency) - as they can play a crucial role in preventing dehydration and people becoming unwell
- use an assessment tool that considers heat-related vulnerability
- consider what might encourage someone to engage with advice and offers about keeping cool
- consider timing and delivery of outreach shifts – this will need to balance outreach during the day as well as ways to prevent staff or volunteers being exposed to extreme heat.

#### During amber alert: cool spaces and accommodation

In addition to the actions listed for a yellow alert, local authorities are encouraged to implement the following measures during an amber alert, when H-SWEP will be activated:

#### **Cool spaces:**

Ensure that suitable cool spaces are available to people sleeping rough, and people are encouraged to take up this offer (particularly those who are more vulnerable). No restrictions should be placed on use of cool spaces (i.e. someone would not need to be eligible for public funds or have connections to the local area).

A cool space for this population should ideally:

- Be open at least 11am-5pm, including weekends
- Be cooler than the outside temperature, ideally aiming for 26°C or below
- Allow people to physically rest
- Offer a range of ways to rehydrate (water, ice lollies, non-alcoholic beverages and/or food)
- Be accessible without requiring extensive travel
- Be inclusive and 'appealing', particularly where the only cool space available is designed for the general public

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<sup>13</sup> The Find and Treat team can provide clinical advice if required, where a vulnerability may be unclear. They are available during office hours via 0203 447 9842. This is not for medical emergencies or a substitute for local primary care provision.

<sup>14</sup> <https://www.nhs.uk/conditions/heat-exhaustion-heatstroke/>

- Consider safe spaces and where possible offer separate areas dependent on specific needs<sup>15</sup>
- Have staff trained to recognise signs and symptoms of heat-related illness and dehydration

They could also:

- Allow the storage of belongings
- Welcome pets, or support could be sought from organisations such as Dogs on the Streets
- Link with other, useful services for people sleeping rough
- Offer other means of cooling down, such as showers, wet towels or water sources

### **Accommodation:**

Ensure that suitable emergency accommodation is available for people sleeping rough who are more vulnerable during periods of hot weather. Accommodation should be prioritised for the most vulnerable (see section 6).

- To assist with planning, councils should identify in advance of Amber activation anyone sleeping rough who may be extremely vulnerable to high temperatures.
- The number of emergency accommodation bedspaces available locally ought to be proportionate to the number of people identified.
- The GLA will use any available bedspaces in its pan-London supported accommodation and hubs as ‘overflow’ emergency accommodation, should there be additional high-risk cases which need assistance in areas providing emergency SWEP accommodation that has reached capacity.
- Guidance on referrals into available pan-London overflow provision will be communicated at the start of a Hot Weather SWEP period.

Accommodation would need to be:

- Cooler than the outside temperature, ideally aiming for 26°C or below
- Prevented from getting too hot<sup>16</sup> (e.g. through the ability to ventilate, especially at night; use of window coverings to prevent direct sunlight)

Consideration should be made about how to encourage take up of suitable accommodation.

Even in accommodation, during periods of high temperature there will be an ongoing risk to people who are more vulnerable. Consider conducting regular welfare checks to spot and respond to signs of heat-related illness for people who are in accommodation.

Wherever possible, accommodation should be:

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<sup>15</sup> There is more information about creating a safe environment on page 31 of this toolkit [https://homelesslink-1b54.kxcdn.com/media/documents/SWEP\\_and\\_Winter\\_Provision\\_Toolkit\\_2022\\_JP020822\\_002.pdf](https://homelesslink-1b54.kxcdn.com/media/documents/SWEP_and_Winter_Provision_Toolkit_2022_JP020822_002.pdf)

<sup>16</sup> This could include the suggestions from the ‘Beat the Heat’ guidance <https://www.gov.uk/government/publications/heatwave-plan-for-england/beat-the-heat-keep-cool-at-home-checklist>



- low threshold, with no restrictions on entry (e.g. local connection or eligibility for public funds)
- operated under the 'In for Good' principle so that no one should be asked to leave until fully assessed and a support plan put in place to help end their rough sleeping.

The GLA will also re-allocate resources, such as staff time, to support the H-SWEP response.

### **Staff and volunteer welfare**

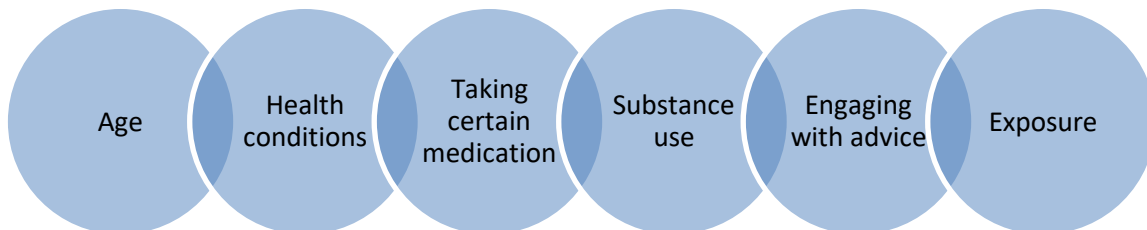
During an amber and red alert, consideration should be made for staff/volunteer welfare, as their health may also be at risk. Refer to existing guidance about this, such as from the Health and Safety Executive.<sup>17</sup>

#### During red alert

In addition to the actions suggested for yellow and amber alerts, consider how the response could be maintained when other sectors may be impacted (e.g. health, transport, utilities, emergency services) or if there was disruption caused by other concurrent risks (such as power outages, fire and water shortages).

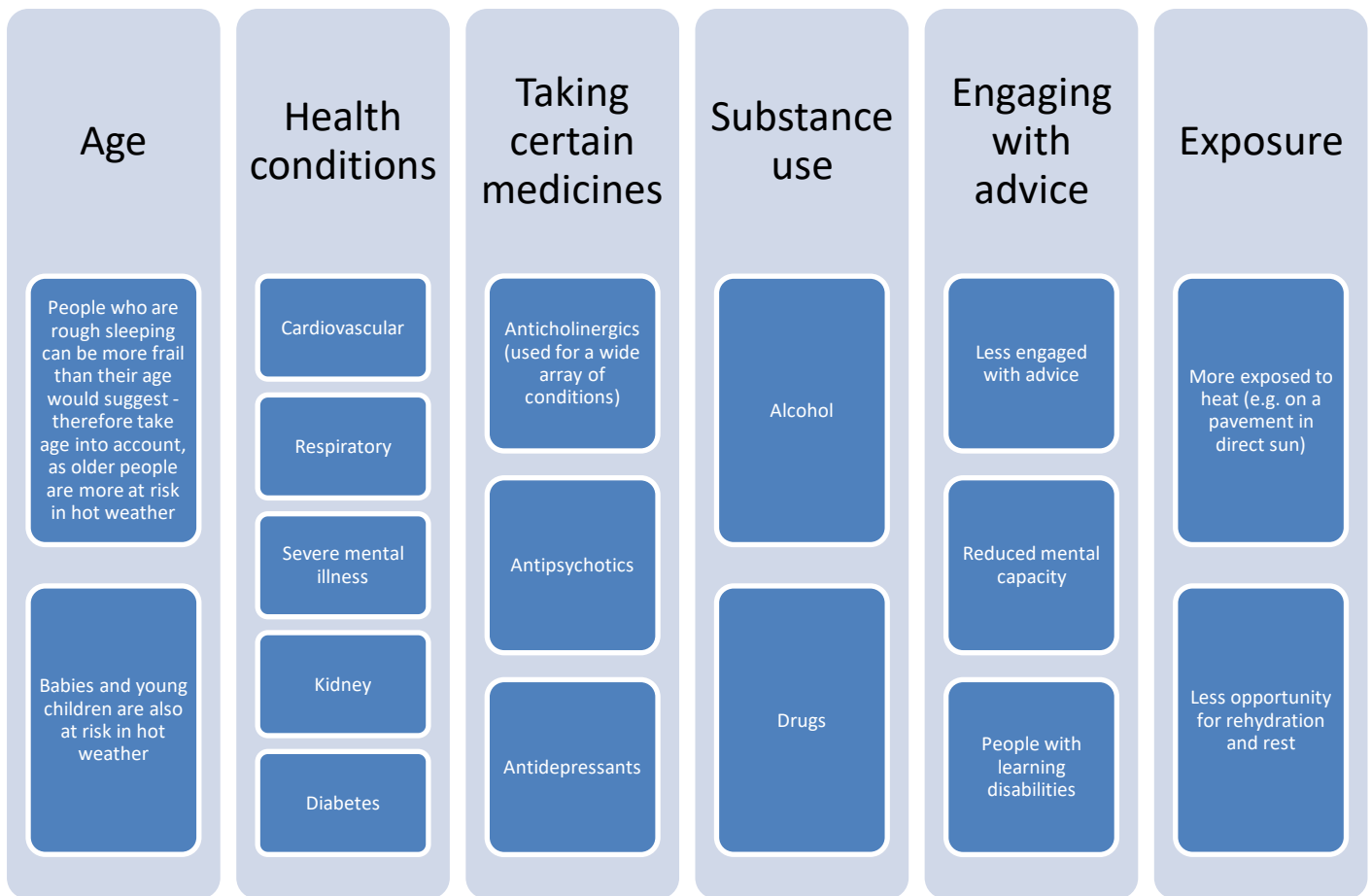
### **6. Who is more vulnerable to heat impacting their health?**

Several factors (age, mental and physical health conditions, medication<sup>18</sup>, substance use, exposure, likelihood to follow advice) may make someone more vulnerable to heat having a negative impact on their health. These individual factors may be mild to severe. Any assessment of vulnerability should consider the following factors, especially if there are combinations of them.



<sup>17</sup> <https://www.hse.gov.uk/temperature/employer/outdoor-working.htm>

<sup>18</sup> Medicines such as anticholinergics, antipsychotics and antidepressants all contribute to being more at risk in heat. They can affect the processes through which the body usually regulates heat. An anticholinergic is a type of medication that works by blocking a chemical in your body called acetylcholine. Acetylcholine is used in many parts of your body and helps you stay alert, keep a steady heart rate, breathe, digest food, sweat and empty your bladder. Anticholinergic medications act on many parts of the body at the same time.



Adapting or using relevant questions from an assessment tool such as the [mini-CHRISP Plus](#)<sup>19</sup> may assist in identifying these.

## 7. What are heat related illnesses?

The main causes of illness and death during a heatwave are exacerbation of respiratory and cardiovascular diseases. Chronic illnesses can get worse in hot weather.

Many heat-related illnesses are preventable, including dehydration. Heat exhaustion and heatstroke are two potentially serious conditions that can occur if you get too hot.

- dehydration can be gradual, and may mean someone feels thirsty, dizzy, lightheaded or tired. Individuals can be reminded to keep an eye on the colour of their urine<sup>20</sup>
- heat exhaustion is where someone becomes very hot and start to lose water or salt from their body. Common symptoms include weakness, feeling faint, headache, muscle cramps, feeling sick, heavy sweating and intense thirst

<sup>19</sup> [https://www.transformationpartnersinhealthandcare.nhs.uk/wp-content/uploads/2020/11/Mini-CHRISP-Plus-Tool-Final-191120\\_.pdf](https://www.transformationpartnersinhealthandcare.nhs.uk/wp-content/uploads/2020/11/Mini-CHRISP-Plus-Tool-Final-191120_.pdf)

<sup>20</sup> <https://www.infectionpreventioncontrol.co.uk/content/uploads/2022/11/Urine-colour-guide-October-2022.pdf>

- heatstroke is where the body is no longer able to cool itself and a person's body temperature becomes dangerously high. Heatstroke is less common, but more serious. Untreated symptoms include confusion, seizures and loss of consciousness

More information and what action to take are available from [the NHS](#)

#### **8. How will this guidance be monitored and reviewed?**

The heat health alert system has been updated this year, so the impact and implementation of this guidance will be kept under review in summer 2023 and if needed, will be revised for 2024. We are keen to understand how this guidance has been used and how it could be improved. We would also find any data or information on local responses (beyond routine information collection) very useful – but do not wish for this to be a barrier to implementation.

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<b>Committee(s):</b> Homelessness and Rough Sleeping Sub-Committee – For Information	<b>Dated:</b> 03/07/2023
<b>Subject:</b> City of London Women’s Project Update	<b>Public</b>
<b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b>	1,2,3,4,10
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	<b>N/A</b>
<b>Has this Funding Source been agreed with the Chamberlain’s Department?</b>	<b>N/A</b>
<b>Report of:</b> Judith Finlay, Director of Community and Children’s Services	<b>For Information</b>
<b>Report author:</b> Fleur Holley-Moore, Rough Sleeping Services Manager	

## Summary

This report introduces members to the City of London Women’s Project that opened in April 2023. The project provides CoL’s first dedicated accommodation service for single women and those who identify as women in the City of London who are homeless and fleeing domestic abuse. By outlining the rationale behind the project’s creation, this report explains its significance in fulfilling the City of London’s legal and ethical obligations towards these vulnerable women, while also reinforcing its commitment to addressing Violence Against Women and Girls (VAWG) as part of the broader City of London agenda.

## Recommendation(s)

Members are asked to:

- Example: Note the report.

## Main Report

### Background

1. The number of households being made homeless because of fleeing domestic abuse continues to be one of the leading causes for homelessness across England.

2. During Quarter 3 2022, it was the second most common reason, accounting for 16.4% of households, an increase of 3.2% from the same quarter last year<sup>1</sup>.
3. This is reflected at the acute end of homelessness, where recent data from a nationwide homeless charity revealed that a third (33%) of its female residents that had slept rough, reported that domestic abuse contributed to them becoming homeless<sup>2</sup>.
4. Demand for women specific accommodation support services across London continues to outstrip supply, and without any single-sex accommodation of its own, CoL had to rely on mixed provision in its pathway to meet the need of its homeless women.
5. In 2021, the Domestic Abuse Act (2021) was introduced that strengthened duties owed by local authorities to those who are homeless due to fleeing domestic abuse.
6. CoL, driven by a Working Group from the Homelessness and Rough Sleeping Team, saw the introduction of this Act as an opportunity to improve our service offer to those fleeing domestic abuse and to do that, CoL needed to ensure we have a safe place for homeless applicants to go to.

## **Legal Framework**

7. The Domestic Abuse Act (2021) changed homelessness legislation to include those fleeing domestic abuse as automatically in priority need for assistance.
8. This means that if the local authority is satisfied that an applicant is homeless as a result of domestic abuse, they must offer safe temporary accommodation for the duration of their application without needing to meet any other qualifying factors.
9. The Act also created a requirement that that temporary accommodation must be safe. CoL recognised that we could not offer any safe accommodation, by the definition of the Domestic Abuse Act (2021) due to its reliance on mixed sex accommodation provision.
10. In response, the City of London Women's Project has been established as a women's only temporary accommodation project. This Project reflects the CoL's commitment to meet its statutory and ethical duty to provide suitable accommodation to women experiencing homelessness because of fleeing domestic abuse.

## **City of London Women's Project**

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<sup>1</sup> [Statutory homelessness in England: October to December 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>2</sup> [New research reveals women experiencing homelessness are often hidden from help - St Mungo's \(mungos.org\)](https://mungos.org)

11. Following funding being identified through the Rough Sleeping Initiative 2022-2025, the City of London Women's Project opened in April 2023.
12. The service is a 6-bed unit, located in a nearby borough identified through an existing accommodation provider. The location of the service is kept confidential to protect the safety of the women accommodated there.
13. The project is temporary accommodation that will remain available to the women until an offer of longer term, suitable and safe accommodation can be made.
14. Day to day support is provided through a dedicated worker in CoL's commissioned Mobile Intervention Support Team, who also leads on the coordination of external wrap around services including drug and alcohol support services and mental health services.
15. Placements are agreed and overseen by a dedicated Working Group comprising of members from the Homelessness and Rough Sleeping Team, and to be considered for the project domestic abuse must be an aggravating factor in a women's homelessness.
16. Move on from the project is supported by the appropriate team (Rough Sleeping Team or Statutory Homelessness Team).
17. To date, we have had five women placed in the project with one having bid successfully for a City of London secure council tenancy and is soon due to move on to stable, long-term accommodation.
18. The women are actively encouraged to suggest ideas to make the property feel like a home, including gardening and placing artwork on the walls.

### **Assisting City of London's Rough Sleepers**

19. Women experience rough sleeping differently to men and are at higher risk of exploitation and abuse.
20. Previously, without any single-sex accommodation, women rough sleeping in CoL where domestic abuse was an aggravating factor in their homelessness, had to choose between mixed sex supported accommodation options or an unsupported discretionary temporary accommodation placement.
21. Women who sleep rough have equal rights to access the City of London Women's Accommodation Project, although there is no set allocation between the two groups.

### **Violence Against Women and Girls**

22. The City of London Women’s Project also supports CoL’s Violence Against Women and Girls Strategy 2019-2023<sup>3</sup>, that outlines its priorities for VAWG services across the square mile.
23. Under the strategy, CoL’s vision is that “The Square Mile is free from Violence against Women and Girls (VAWG) and is a place that is safe for everyone to live, work, learn and visit.”
24. The Project specifically supports “Priority Two: People affected by VAWG have access to support services” by providing an accessible, safe, supported accommodation service, tailored to meet the needs of the service users.
25. Accessible accommodation provision has been identified as a key driving factor for a women to leave an abusive partner, and to not return.

### **Options**

26. There are no additional options arising from this report

### **Proposals**

27. There are no proposals arising from this report

### **Key Data**

28. There is no key data arising from this report

### **Corporate & Strategic Implications**

Financial implications – N/A

Resource implications – N/A

Legal implications – N/A

Risk implications – N/A

Equalities implications – N/A

Climate implications – N/A

Security implications – N/A

### **Conclusion**

29. The Domestic Abuse Act (2021) along with funding from the Rough Sleeping Initiative 2022-2025 presented an opportunity for the City of London to enhance their accommodation offer to meet the urgent needs of women fleeing domestic violence.

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<sup>3</sup> [City of London Violence Against Women and Girls Strategy](#)



30. Furthermore, the City of London Women's Project also addresses the pressing issue of suitable accommodation for women who sleep rough in the square mile, and domestic abuse serves as a significant factor.
31. The Project opened in April 2023, and to date five women have been placed in the service who have received support from a dedicated Mobile Intervention Support Team worker.
32. The Working Group behind the City of London Women's Project, plan on continuously evaluating and evolving the project to meet the needs of the women and best practice.

## **Appendices**

- None

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<b>Committee(s):</b> Homelessness and Rough Sleeping Subcommittee	<b>Dated:</b> 03/07/2023
<b>Subject: Homeless Health Work Plan Update Report</b>	<b>Public</b>
<b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b>	1,2,3,4,9,10
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	n/a
<b>What is the source of Funding?</b>	n/a
<b>Has this Funding Source been agreed with the Chamberlain’s Department?</b>	n/a
<b>Report of:</b> Judith Finlay – Director, Community and Children’s Services	<b>For Information</b>
<b>Report authors:</b> Will Norman – Head of Homelessness Prevention and Rough Sleeping Georgiana Choak – Homeless Health Coordinator	

## Summary

The report provides Members with an introduction to the new Homelessness Health Workplan and a summary of some notable progress to date.

The City of London, through the new workplan, has developed and is coordinating short and medium-term interventions to address health inequalities for people experiencing homelessness in the Square Mile. These interventions are laid out in the workplan (appendix 1). The priorities and activity areas are designed to meet the specific local context and National Institute for Health and Care Excellence (NICE) guidelines on tackling health inequalities. The workplan focuses on developing specialist primary care provision, broadening our partnership work, embedding lived experience in service design and delivery.

## Recommendation

Members are asked to:

- Note the report.

## Background

1. In November 2022, the City of London created a new post to focus our work on the health inequalities experienced by rough sleepers and those in immediate housing crisis. The Homeless Health Coordinator is funded by the Department for Levelling Up, Housing and Communities (DLUHC) Rough Sleeping Initiative (RSI) grant funding. The post is funded to 31 March 2025.
2. The Homeless Health Work Plan will link directly to the Homelessness and Rough Sleeping Strategy 2023-27 Action Plan.
3. The health needs of people experiencing homelessness are shown in the Homeless Health Needs Audit. The survey was developed by Homeless Link and administered by homelessness service providers to people experiencing homelessness, living in supported accommodation, emergency accommodation and rough sleeping, with 522 usable responses.
  - 63% of respondents reported that they had a long-term illness, disability or infirmity, compared to 22% within the general population.
  - 78% (408) of respondents reported having a physical health condition.
  - 80% of those with a physical health problem have more than one such condition, with 29% having between 5-10 diagnoses.
4. Research study Groundswell have coproduced and conducted in 2018, with people experiencing homelessness, also shows that physical pain is widespread with 47% of the respondents experiencing pain on a daily basis; 53% reported experiencing chronic pain (10 years or more).
5. The mean age of death for people experiencing homelessness across UK, in 2021 (the most recent data) was 45.4 for men and 43.2 for women. For the same year, the highest rate of deaths in homeless client group was seen amongst men between 45 and 49 years old. In women, 40 – 44 age group had the highest number of deaths.

## **Current Position**

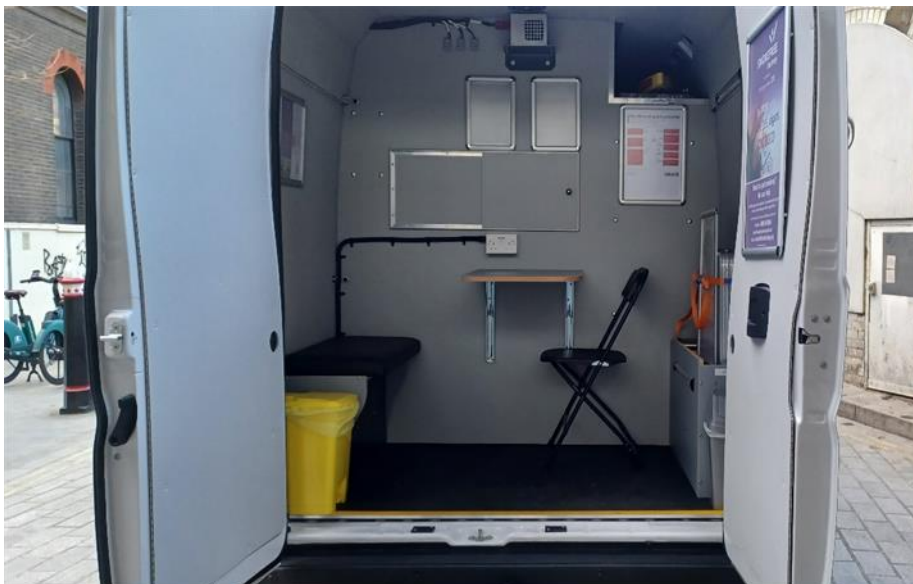
6. The report is set out by priority area, with an example of early progress for each. A fuller explanation of the workplan, priorities and activity areas can be found at appendix 1.
7. Members will receive an updated summary on progress on a twice-yearly basis and through reports dedicated to more substantial initiatives and outcomes as they arise.

## **PRIORITY 1. DEVELOPING THE PRIMARY CARE PROVISION**

### *MOBILE PRIMARY CARE CLINIC*

8. Vehicle based clinical model jointly coordinated by the City of London Homelessness Health coordinator and the Operations Support Manager at City and Hackney Public Health.

9. The clinic was first deployed in the City of London on 15<sup>th</sup> February 2023 and is scheduled weekly on Wednesday mornings. The clinic is supported by the Thames Reach outreach team and clinical staff from the East London Foundation Trust (ELFT) – a nurse prescriber or GP and a healthcare assistant.



10. The chosen location is accessible, offering a good level of privacy for attendees.
11. Since the first deployment, outreach workers made over 230 contact attempts with rough sleepers and provided 44 health specific offers. 14 clients accompanied by the outreach worker have attended the clinic, 23 have declined, and 7 attended unaccompanied at a later time.

12. Next steps include increasing the clinical outreach element of the provision (clinician on foot/bike to engage with clients at sleep site) and embedding lived experience in the health-focussed engagement work.

#### *CLINICAL IN-REACH TO GRANGE RD HOSTEL*

13. A practical approach to addressing health inequalities for people experiencing homelessness, through maximising opportunities for engagement with health offers (consistently available, easily accessible, and local) and through care coordination. An inclusion health specialist registered nurse weekly runs the clinics.

14. The intervention available include:

- Onsite general health assessments
- Onsite drop-in or booked consultations with a nurse.
- Onsite screening for blood born viruses and infections.
- Onsite vaccinations
- Referrals to services for further support - substance misuse, mental health, dental clinics, pharmacies, opticians, urgent care centres or A&E
- Additional referrals to employment and training can be made, thus adding social value to the project.

### **PRIORITY 2. IMPROVED COLLABORATION**

#### *HOSPITAL DISCHARGE*

15. Through collaboration with key stakeholders at the Homerton Hospital NHS Trust, we have developed guidelines for frontline workers, aligned with the NHS processes and targets for reducing length of stays in hospital.

16. The next step is to embed it into the toolkit for frontline staff which is currently under development.

#### *STAKEHOLDER NEEDS SURVEY*

17. We have conducted a survey, aimed at stakeholders in the City of London's homelessness and rough sleeping partnership, to better inform our collaboration and further possible health-focussed interventions. Responses showed that our stakeholders are aware of the work that CoL is undertaking around homelessness health, and they feel included in discussion and the decision-making process. Additional suggestions support the provision of a drop in hub that is accessible and local to people experiencing homelessness in the Square Mile, as well as peer led outreach provision.

#### *MAXIMISE COLLABORATION AND KNOWLEDGE SHARING*

18. The Homelessness Health Coordinator, with clinical input from an inclusion health specialist GP at Homerton hospital, designed and co-delivered a health specific training to outreach workers, aiming at providing them with more knowledge and

practical tools to support client engagement around health and wellbeing and improve the assessment and recording of needs for people experiencing homelessness in the City of London.

19. With the increased need to support people experiencing homelessness during periods of extreme heat, we have devised an assessment matrix which quantifies health related risk factors in order to support the frontline workers to prioritise their targeted shifts.

### **PRIORITY 3. USE OF DATA AND INFORMATION**

#### *BUILDING ON CURRENT OUTREACH RECORDING OF HEALTH NEEDS PRACTICE*

20. We have reviewed the Common Assessment Tool (CAT), which is used by our commissioned services and is compliant with housing legislation, to include clients' self-assessment of their health and wellbeing.
21. The revised CAT will capture realistic and accurate data on frailty and quality of life as experienced by clients as well as being specific to the local needs and/or service gaps.
22. The assessment tool has the added benefit of acting as a tracker of health and wellbeing throughout the client's engagement with City commissioned support services. This will help generate clearer longitudinal data to inform our commissioning and partnership work.

#### *EMBEDDING HEALTH IN COL'S COPRODUCTION WORK*

23. Health has been built in the commissioning work around coproduction, with the expectation that, once commissioned, the service will lead on the design of a peer-led outreach service to deliver health-focussed client engagement and support.

### **PRIORITY 5. BETTER ACCESS**

#### *BUILDING PARTNERSHIP WITH SERVICES TO DELIVER WRAP-AROUND SUPPORT*

24. In addition to the primary care delivery, the clinical van is now supported by:
  - Positive East, who are providing rapid testing for HIV and other sexually transmitted infections, as well as general advice around sexual health and referrals to sexual and reproductive health clinics for further support and
  - Turning Point, substance misuse service, who can deliver onsite assessments and rapid prescribing in some cases.
25. Developing a dental care referral pathway to community clinics (specialist in meeting specific needs otherwise not met by high street dentists) and expanding on practical support (i.e., delivery of hygiene packs and advice adjusted to circumstances)

26. Next steps - women's health provision (prioritising screening for cervical cancer) with the support of City and Hackney Public Health and Greenhouse surgery.

### **Corporate & Strategic Implications**

Financial implications – none

Resource implications – none

Legal implications – none

Risk implications – none

Equalities implications – none

Climate implications – none

Security implications - none

### **Conclusion**

27. The overarching aim of the Homeless Health Coordinator and the Homeless Health Workplan is *'to permanently eliminate health inequalities for rough sleepers and other groups vulnerable to homelessness.'*

28. The Homeless Health Workplan will link directly to the Homelessness and Rough Sleeping Strategy 2023-27 Action Plan

29. The priorities referenced above and in appendix 1 have been designed to increase the health focus on homelessness work, support more accurate data collection so that we are building a realistic picture of the health and wellbeing needs as experienced by people engaging with support services in the City, as well to provide supporting evidence for developing longer term interventions (where longer term interventions often equates to impact over longer term for clients, as per NICE recommendations).

30. Early progress has been made by mobilising a mobile primary care clinic, developing hot weather risk assessment tools to support the outreach team, establishing new partnerships at Homerton Hospital and reviewing our assessment tools.

### **Appendices**

- Appendix 1 – Homeless Health Workplan Summary Page

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**City of London Homeless Health Work Programme**

Owner: Nana Choak - City of London Homeless Health Coordinator  
 SMT Lead: Will Norman - Head of Homelessness Prevention and Rough Sleeping

**Aim: "To permanently eliminate health inequalities for rough sleepers and other groups vulnerable to homelessness"**

Links to: City of London Homelessness & Rough Sleeping Strategy 2023-27  
 City of London Health & Wellbeing Strategy

Priorities

1	Developing the <b>Primary Care</b> offer
2	Improved <b>collaboration</b> with health and related partners
3	Use of <b>data</b> to inform and influence strategic planning
4	Bring the voice of <b>lived experience</b> into strategic decision making
5	Better <b>access</b> to an extended healthcare offer

Work Plan Overview and Action Areas

Priority 1	Activity areas	Primary Care
		1.1 Pilot ELFT led clinical van in City
		1.2 Collect learning from DoTW, Driving for Change and ELFT Van and evaluate
		1.3 Create business case for targeted Primary Care delivery in CoL
		1.4 Coordination of seasonal flu and Covid-19 vaccination efforts
		1.5 Support with development of clinical inreach provision for CoL commissioned supported accommodation and assessment centre

Priority 2	Activity areas	Collaboration
		2.1 Establish hospital discharge pathway protocol
		2.2 Maximise health sector engagement with multi-agency meetings
		2.3 Use existing research to establish a theoretical basis for inclusion health
		2.4 Meet partners and establish regular meeting attendance
		2.5 Conduct needs survey - stakeholders
		2.6 Maximise People department collaboration

Priority 3	Activity areas	Using Data
		3.1 Establish data/information sharing agreements with health partners
		3.2 Use health data sets to build business cases to influence strategic planning
		3.3 Create trend data to demonstrate impact/needs/gaps
		3.4 Improve level of cultural competence in health related work
		3.5 Build on current outreach recording of health needs practice

Priority 4	Activity areas	Integrating Lived Experience
		4.1 Embed coproduction in health work plan
		4.2 Embed coproduction in service delivery
		4.3 Increase peer led contributions to health related work

Priority 5	Activity areas	Better Access
		5.1 Integrate eye care, podiatry, smoking cessation, and dental care in healthcare provision
		5.2 Develop relationships with local pharmacies and integrate 'pharmacy first' model in healthcare provision in CoL
		5.3 Create opportunities for clients to benefit from holistic care and general wellbeing
		5.4 Map out local and neighbouring clinical services and health related provision; disseminate with service users

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