

Rough Sleeping and COVID-19: Next steps for rough sleepers in emergency accommodation in London

1. Executive summary

- 1.1. In March 2020, plans were put in place by the Government, Greater London Authority (GLA) and London boroughs to protect London's rough sleepers – on the streets, in assessment centres and in shelters – from Covid-19, and limit wider transmission. These involved the swift mass procurement of safe accommodation, primarily hotels for the GLA, and – working with charities, the NHS and public health – the provision of wraparound and specialist support.
- 1.2. The purpose of this approach is to reduce the impact of COVID-19 on people sleeping rough, and ultimately to prevent deaths during this public health emergency. Its basic principles are to:
 - focus on people with a history of rough sleeping who are on the streets or in emergency accommodation, such as shelters and assessment centres, where it is difficult to self-isolate or socially distance
 - make sure that these people have access to the facilities that enable them to adhere to public health guidance on hygiene or isolation – including en-suite facilities and no shared sleeping spaces – to prevent and reduce infection
 - utilise powers and funding in place as a result of the COVID-19 emergency to assist, where appropriate, those with no recourse to public funds (NRPF) who require shelter and other forms of support
 - provide support to those accommodated, to enable them to remain protected from COVID-19 and meet their wider needs.
- 1.3. It is vital that this joint work continues into planning for the next stages of the emergency as lockdown is lifted and, potentially, social isolation measures are eased. Planning is also needed for potential future lockdowns. All agencies involved in the response have a responsibility to ensure that people continue to be protected from COVID-19 and that the opportunity to resolve people's homelessness is fully grasped.
- 1.4. This strategy sets out the joint objectives from London boroughs, the GLA, the NHS and Public Health England (PHE) for the next steps for people who have been placed in emergency accommodation. It has been developed, and will continue to be overseen, by the Rough Sleeping Strategic Group, set up specifically for this purpose and comprising the organisations outlined above. It is intended to provide the framework for GLA and borough-level approaches to delivering the next steps for rough sleepers in emergency accommodation. The Strategic Group will also report to the Government's Taskforce on the COVID-19 Response to Rough Sleeping and Next Steps led by Dame Louise Casey.

2. Principles

- 2.1. Councils, the GLA and the NHS agree that the delivery of this Next Steps Strategy will seek to ensure that:
 - no-one who has been placed in emergency accommodation in response to the COVID-19 public health crisis is asked to leave that emergency accommodation without an offer of support to end their rough sleeping (the 'In for Good' approach taken in London for rough sleepers in severe weather emergency provision)

- there is capacity and capability to deliver and implement 'In for Good' offers of support
- continued protection from COVID-19 is provided for those who need it, using a cohorting approach of care, protect and prevent
- responsibility is shared fairly across London boroughs, and that none are disproportionately impacted as a result of hosting rough sleepers from outside their boroughs during the emergency
- the London-wide approach supports and complements the efforts of individual boroughs and providers, and vice versa
- there is an integrated housing approach with health and care to secure access to services and continuity of care
- the roll-out is gradual, to avoid a 'cliff edge' and overload of services as lockdown is lifted.

2.2. The Rough Sleeping Strategic Group commit to raising and mitigating any emerging risks and challenges to appropriate partners and agencies that would act as a barrier to delivering the principles.

3. Scope

3.1. This strategy outlines the principles and framework for activities delivered by agencies specifically to support the move-on of rough sleepers placed in emergency accommodation as part of the public health response to COVID-19. While the implications of this activity on a wider response to rough sleeping, and the need for work on a longer-term recovery strategy are recognised, these are beyond its scope.

4. How we will work together to deliver the strategy

Group	Responsibility
Rough Sleeping Strategic Group (London councils, MHCLG, GLA, NHS, PHE)	To seek mitigations and solutions to risks and challenges that could impede the effective delivery of the strategy. To monitor and oversee delivery. Reporting to the Rough Sleeping COVID-19 Response and Recovery Taskforce.
Mayor's Life Off the Streets taskforce (GLA, London councils, MHCLG, boroughs and providers)	To provide expertise in shaping the delivery plans of the strategy, to oversee these and evaluate and monitor the strategy's success.
London boroughs	<p>To implement those aspects of the strategy best delivered at a local level.</p> <p>To raise issues and challenges to the Life Off the Streets Taskforce and Rough Sleeping Strategic Group.</p> <p>To provide strategic public health leadership via Directors of Public Health.</p> <p>To commission relevant public health services, in particular drug and alcohol treatment services.</p>

GLA	<p>To implement those aspects of the strategy best delivered at a pan-London level.</p> <p>To provide continuing strategic direction, including through the Life Off the Streets Taskforce and Health Inequalities Strategy.</p>
Ministry of Housing, Communities and Local Government (MHCLG)	To support the implementation of the strategy, including through its programmes and expert rough sleeping advisors. The Government's Taskforce on Rough Sleeping During the Pandemic and Next Steps will provide support and oversight to the work in London.
NHS	To support the implementation of the strategy through NHS provision and the London COVID-19 Homeless Health Delivery Group.

5. Where are we now?

5.1. Overview

- 5.2. As of 1 May there were 4,184 rough sleepers known to services in London: 3,630 of these were in emergency accommodation and 554 were still sleeping rough.¹ Of those in emergency accommodation, 1,192² were in GLA-procured accommodation and 2,992³ in accommodation procured by boroughs. More than 863 have been as identified – from the weekly borough survey – as having NRPF.⁴
- 5.3. Accommodating people took place at a rapid pace and hotels were secured based on availability. It was therefore not possible to ensure that people with a local connection to a particular borough were placed in that borough. It also means that some boroughs are currently hosting many more rough sleepers than their services were supporting before the emergency.
- 5.4. Details about the characteristics and needs of those accommodated will be available through the Combined Homelessness and Information Network (CHAIN) Census currently being compiled. The following information is based on feedback from support providers at the hotels and other emergency accommodation, and provides an initial basis on which to determine type and scale of solutions needed to ensure that people do not need to return to the streets.
- 5.5. Only a small proportion of those accommodated have medium or high support needs, including some who are part of the GLA's Social Impact Bond (SIB) cohort (that is, people with very complex needs). Some have substance misuse and mental health issues that require a range of responses, including access to harm reduction, pharmacological and psychosocial interventions, and residential detox and rehab.
- 5.6. The overwhelming majority have low support needs and, for most of those eligible for benefits, the private rented sector is likely to be the most appropriate solution. Other options may include reconnection back to friends or family.
- 5.7. A large proportion are non-UK nationals, who are likely to be ineligible for benefits. This group have very limited accommodation options, but many can be assisted through support to find

¹ These figures represent a snapshot as they are subject to change on a regular basis due to efforts in the system to put people into emergency accommodation and move into next steps support.

² Figure correct as of 04/05/2020

³ Figure correct 01/05/2020

⁴ This figure should be treated with caution due to definitional issues; a more robust figure to be confirmed.

and maintain employment, to secure settled status (for EEA nationals) or – if they want to return home – voluntary reconnection and, where needed, ongoing support in their home country. Others have complex immigration issues that require specialist support and advice to resolve.

5.8. Provision of accommodation

5.9. The GLA has secured 1,277 hotel rooms and 64 rooms in ‘other’ accommodation so far across 10 boroughs (another 160-room hotel is currently being procured). The length of contracts varies, with the expiry of bookings ranging from 1 June to 26 June. The GLA has taken an approach to cohort people according to risk, with one hotel (60 rooms) earmarked for those who are COVID-positive (COVID-care), others (245 rooms) for those who are vulnerable (COVID-protect), and the remainder for everyone else (COVID-prevent). The NHS, GLA health team and wider health partners, facilitated by Healthy London Partnership, have supported the response by producing guidelines for a ‘triage, assess, cohort, care’ approach to protecting rough sleepers from COVID-19 through COVID-protect and COVID-care accommodation.⁵

5.10. The 33 London boroughs have secured, as of 30 April, at least 834 hotel rooms, 537 B&B rooms, 485 units of self-contained temporary accommodation, 136 hostel beds, and 441 ‘other’ types of accommodation. This accommodation is secured on various terms.

5.11. Provision of welfare support and health services

5.12. Support to those in the GLA-procured accommodation (mainly hotels) is being overseen by St Mungo’s, with Depaul UK, Thames Reach, Single Homeless Project and Look Ahead also directly supporting people in several hotels, and Change Grow Live, along with other substance misuse providers, supplying specialist support and co-ordination. Boroughs have worked with locally commissioned providers to give support to those they have placed in emergency accommodation.

5.13. All of the hotels and other buildings used by the GLA have 24-hour cover. Of those accommodated by the boroughs, some have 24-hour, and some have floating support. Work is underway to provide assessments to all rough sleepers.

5.14. A set of primary care standards were developed for Sustainability and Transformation Partnerships (STPs) to provide full coverage of health provision to all rough sleepers in emergency accommodation.⁶ A pan-London substance service has been commissioned by the GLA, procured by the City of London, for those in the accommodation provided by the GLA and borough-commissioned hotels.

5.15. The NHS is also providing outreach COVID-19 testing to hostels and hotel accommodation and secured a triage connection for registration to primary care, medication, mental health, community health, GPs and drug and alcohol services. In addition to this, public health screening is taking place for blood-borne communicable diseases.

5.16. Staff at the GLA’s COVID-care accommodation provided for those who have tested positive for COVID-19 include a medical and nursing workforce.

5.17. Number of people helped

⁵ <https://www.healthy london.org/wp-content/uploads/2020/04/Covid19 -Homeless-Sector-Plan.pdf>

⁶ <https://www.healthy london.org/wp-content/uploads/2020/04/Covid-Homeless-Health-Primary-Care-Standards-final.pdf>

- 5.18. To date, the GLA has accommodated more than 1,300 people, and even during the lockdown period, 31 positive moves have so far been facilitated by the GLA-commissioned support providers.
- 5.19. Due to a lack of capacity, not everyone referred to the accommodation has been able to be assisted. As at 4 May, there were more than 140 unsuccessful referrals to the GLA accommodation. With the imminent opening of an additional hotel, at least some of these will be able to be accommodated. However, with the number of people flowing on to the street increasing, meeting demand will continue to be a challenge.

6. Key issues and challenges

- 6.1. Boroughs and the GLA will develop delivery plans for next steps for the people they have in emergency accommodation. These plans will build on existing pathways, but – as set out in the key issues and challenges below – the capacity and options available to provide solutions for such large numbers of people within such a short timetable are extremely limited.
- 6.2. It is recognised that securing move-on accommodation offers often takes a considerable time. Capacity will therefore need to be maintained, either within the emergency accommodation currently procured or through other interim solutions (for example, student accommodation), to allow this work to take place.
- 6.3. Private rented sector (PRS):** The PRS will provide the accommodation solution for many people. Key challenges will be securing this level of accommodation within a short timescale, within Local Housing Allowance (LHA) rates, and avoiding concentrations of accommodation being procured in particular areas, putting pressure on local services. In addition, those moving into the PRS will need floating support for a limited period to ensure that they can maintain their tenancy and do not return to rough sleeping. This could potentially happen through a large expansion of the GLA's current PRS floating support service.
- 6.4. Non-UK nationals:** A large proportion of those accommodated are non-UK nationals, some of whom are ineligible for benefits and, in many cases, wider support. Most are EEA nationals, while others' immigration status means they have NRPF. Work is underway to understand in more detail the circumstances and immigration statuses of this cohort to inform possible solutions. However, once they leave the hotels and other emergency accommodation, their options are likely to be extremely limited. Some may wish to go home and could be supported with voluntary reconnection. However, for many this may not be possible or desirable. Others may be supported into employment. Those with NRPF may need support to resolve their complex immigration status, and EEA nationals may need support with settled status applications. But these options are challenging to implement unless people can be accommodated.
- 6.5. People for whom no authority is responsible:** Many of those in the emergency accommodation are not in priority need or eligible for a hostel pathway. That is, no local authority will be responsible for providing their ongoing support. In these circumstances, it will fall to the procuring authority to provide this. This will put additional and overwhelming pressure on local and pan-London pathways and services required to meet people's needs, and inevitably additional capacity will need to be built into the system to enable them to cope.

- 6.6. People with high support needs:** A small but significant number of those currently accommodated will need hostels or other supported accommodation – which is in very short supply. Consideration will need to be given to how hostel spaces could be freed up for this group. One possibility would be to provide independent accommodation – potentially through the Clearing House – to people currently in hostels who are ready to move on. A significant number of people who have accepted an offer of a hotel room or other accommodation during the COVID-19 crisis are longer-term rough sleepers who have previously refused offers of help and support. This entrenched group should be prioritised for accommodation and support, to prevent them returning to rough sleeping.

Ensuring access to appropriate and consistent mental health and substance misuse support, including residential detox and rehab, is also critical for this group.

- 6.7. Vulnerable people with ongoing medical risk:** Rough sleepers are significantly more likely to have underlying health conditions and poor overall health, making them more vulnerable to COVID-19. The average age of death in those who are sleeping rough or in emergency accommodation is 44 years. A significant number of those accommodated are medically vulnerable to COVID-19, some of whom require shielding.⁷ Their accommodation on leaving the temporary accommodation must therefore be suitable for shielding and self-isolation. COVID-protect facilities supporting vulnerable rough sleepers are already under pressure. Accommodation options are constrained by the type of support needed and the ability to place people into shared accommodation while social distancing and social isolation measures are in place.
- 6.8. New rough sleepers and returners:** The COVID-19 emergency has increased the number of new rough sleepers and returners to rough sleeping coming onto the streets. This includes people who have lost employment (including EEA nationals), those fleeing domestic abuse and those with NRPF. This situation looks set to continue and may worsen as the economic impacts of COVID-19 increase. This is putting additional pressure on services and accommodation now and will continue to do so.

7. Delivering our principles

7.1. Principle 1: Seek to ensure that no one who has been placed in emergency accommodation in response to the COVID-19 public health crisis is asked to leave that emergency accommodation without an ongoing offer of support to end their rough sleeping

7.2. The procuring authority (boroughs or the GLA) will:

- assess and determine a plan for support to exit rough sleeping for everyone in the accommodation they have procured
- link those in priority need *or* eligible for a hostel pathway *and* with a local connection to a/another local authority to the local authority with which there is a local connection
- be responsible for implementing the plan for support for those not covered by the above point. Further work will be undertaken as part of this strategy to develop pan-London

⁷ Increased vulnerability in the homeless population is defined as:

- those that meet the existing definition of ‘extremely vulnerable’
- those who are at increased risk as a result of underlying health conditions, as set out in [existing guidelines](#) (e.g. anyone instructed to get a flu jab as an adult each year on medical grounds)
- those aged over 55.

responses for specific cohorts or on specific solutions, to ease the pressure on individual authorities and to enable economies of scale.

The above points are set out in more detail in the protocol in Appendix 1.

7.3. Boroughs/the GLA will:

- agree local/pan-London delivery plans
- ensure that these plans include social care, primary care, mental health, public health and housing, to ensure a sustainable and comprehensive response.

7.4. The NHS will:

- carry out prevention and screening in hotels to check for and treat blood-borne health needs
- work with boroughs and the GLA to ensure that those who need them have health needs assessments
 - develop plans to meet the gaps in health requirements that are identified through the health needs assessment
- deliver a health needs audit
- work with boroughs and the GLA to ensure continuity of care as people move between services or pathways.

7.5. Principle 2: Ensure that there is the capacity and capability to deliver and implement In for Good offers of support

7.6. The Rough Sleeping Strategic Group will:

- develop and implement an approach to the procurement of and referral to PRS accommodation, prioritising PRS for those accommodated in hotels (as opposed to other emergency accommodation)
- explore options for providing capacity to enable voluntary reconnections
- work to ensure that there is enough capacity to provide continuing support to non-UK nationals, including those with NRPF
- continue discussions around potential solutions to the financial challenges of providing an offer of support to everybody in emergency accommodation, including assessing the cost of additional provision, services and support, reviewing current potential funding streams and identifying funding gaps
- support a uniform approach to applying public health guidance to shared accommodation.

7.7. Boroughs/the GLA will:

- inform local authorities at the earliest opportunity which people in accommodation they have procured have a local connection and are in priority need or eligible for a hostel pathway, to support capacity planning
- analyse the CHAIN census information to map out the scale of need for different cohorts and solutions, so that these can be planned for and costed
- plan to ensure that existing services can meet demand, including those that are newly commissioned
- work with the NHS to ensure that public health and substance misuse services are stepped-up if needed
- ensure that the most vulnerable rough sleepers are supported to find long-term settled accommodation with appropriate wraparound support to avoid them returning to rough sleeping.

7.8. The GLA will:

- seek to increase the supply of Clearing House properties, both for those in hotels to move on to and to create capacity in hostels for those with support needs in hotels
- explore other options for increasing the supply of accommodation
- explore the scope to expand pan-London services to meet the needs of those moving on from emergency accommodation.

7.9. Principle 3: Ensure continued protection from COVID-19 for those who need it

7.10. The Rough Sleeping Strategic Group will:

- collect and disseminate good practice to local authorities and other organisations
- escalate significant pan-London issues where there are barriers to this approach being implemented.

7.11. Boroughs/the GLA will:

- seek to continue to accommodate the flow of rough sleepers coming onto the streets throughout and beyond the next steps phase
- continue to implement a cohorting approach that protects those who are vulnerable to COVID-19.

7.12. The GLA will:

- provide capital funding to enable hostels to be remodelled so that residents can adhere to social distancing and social isolation guidance.

7.13. Boroughs will:

- seek to ensure that, where needed, hostels they commission are remodelled, so that residents can adhere to social distancing and social isolation guidance.

7.14. The NHS will:

- explore how COVID-care provision will be continued
- continue to provide assessment and testing of symptomatic cases, working closely with the London Coronavirus Response Cell (LCRC).

7.15. Principle 4: Ensure that responsibility is shared fairly across London boroughs, and that none are disproportionately impacted by hosting rough sleepers from outside their boroughs

7.16. The Rough Sleeping Strategic Group will:

- work with authorities to get an agreed approach for those for whom no borough or other local authority is responsible, including developing pan-London or sub-regional responses
- ensure that partners can share data where needed
- work across partners, to ensure that, where specialist step-down/step-up provision is needed at a sub-regional or regional level, this is a shared responsibility.

7.17. See also work around those in priority need or eligible for a hostel pathway set out in principle 1 above.

7.18. Principle 5: Ensure that a London-wide approach supports and complements the efforts of individual boroughs and providers, and vice versa

7.19. The Rough Sleeping Strategic Group will:

- continue to support authorities to implement next steps by raising issues that are not resolvable at a borough/regional level via appropriate escalation routes
- work to seek agreement from authorities on an approach to new arising needs.

7.20. The GLA will:

- mobilise the Life Off the Streets Taskforce to support the delivery of the strategy
- continue to provide a hub for data through CHAIN.

7.21. Boroughs will:

- work with the GLA and the Rough Sleeping Strategic Group to create a single source of information on those in emergency accommodation through CHAIN.

7.22. Principle 6: Ensure an integrated housing approach with health and care to secure access to services and continuity of care

7.23. The GLA will:

- ensure that data is available to be shared with partners to support with strategic decision-making on health and housing integration across London.

7.24. Boroughs will:

- ensure that local delivery plans are co-ordinated with local and regional NHS colleagues so that the housing and health response is integrated as part of their approach
- ensure that local delivery plans are developed with public health, social care and health.

7.25. The NHS will:

- explore options with boroughs for joint commissioning of services where appropriate
- work with boroughs and the GLA to ensure that plans link with local and regional NHS plans.

7.26. Principle 7: Ensure that the roll-out is gradual to avoid a ‘cliff edge’ and overload of services as lockdown is lifted

7.27. The Rough Sleeping Strategic Group will:

- have sight of GLA and borough plans for scheduling the move on from emergency accommodation.

7.28. Boroughs/the GLA will:

- ensure that their delivery plans schedule the move on from emergency accommodation over a period of time, with a clear rationale for how the scheduling has been done, raising risks through the strategic group where deadlines may not be able to be met
- identify the need for, and resource implications of providing, interim emergency accommodation while next steps plans are implemented
- prioritise move on from the hotels (as opposed to other emergency accommodation), unless there is an overwhelming reason for not doing so.

8. Outcomes, monitoring and governance

- 8.1. This strategy demonstrates a clear commitment from all agencies involved in the next steps for those sleeping rough who are currently in emergency accommodation. The strategy partners (London Councils, the GLA, MHCLG, NHS and PHE) will work together via the Rough Sleeping Strategic Group, which will monitor progress on moving people on from emergency

accommodation and support boroughs and the GLA by unblocking barriers to delivering wherever possible.

- 8.2. The Rough Sleeping Strategic Group will set out a work plan to support boroughs and the GLA in dealing with the issues highlighted in section 6 of this strategy. The Life Off the Streets Taskforce will work to implement solutions to these issues at a pan-London level.
- 8.3. Outcomes will be set by boroughs and the GLA in their delivery plans, and these will be monitored within their organisations, feeding into the Rough Sleeping Strategic Group when needed to raise issues and provide assurance to partners.
- 8.4. The Strategic Group will work alongside existing partnerships to deliver the work required and ensure that partnerships established to support those sleeping rough during the COVID-19 crisis are aligned.

9. Resources

- 9.1. Government has allocated £3.2 billion nationally to local authorities (including the GLA) to support the COVID-19 response. One of the purposes of this resource is to fund the response around rough sleeping. The GLA has also expanded its own resources on the rough sleeping response.
- 9.2. Further in-depth financial analysis will be conducted via the Strategic Group to support with ongoing delivery of next steps for those who are sleeping rough. Analysis will form part of the workstreams to look at areas including:
 - PRS accommodation, including procurement costs, tenancy deposits, implications for LHA rates and tenancy sustainment
 - health and support services, including substance misuse services and meeting unmet need arising from health assessments
 - solutions for non-UK nationals, including NRPF
 - emergency accommodation that may be needed for future lockdown.

Appendix 1

COVID-19 Rough Sleeping Emergency Accommodation – placements protocol

This note outlines the principles that all authorities procuring emergency accommodation as a result of the COVID-19 crisis will commit to, to ensure that no borough is disproportionately impacted in providing continued support to rough sleepers placed in their area at this time.

By ‘authority’, we include all London boroughs, any out of London council that had made a placement within London, and the GLA.

The note restates ‘business as usual’ principles, underlined due to the vastly increased number of placements.

1. The authority that has procured the hotel accommodation continues to provide ongoing support where needed during the life of the placement.
2. The procuring authority will notify the receiving authority, as per s208 rules, even where the placement is not made under a defined part of the Housing Act, including address, name and (where possible) support needs.
3. At the end of the placement, the authority that has procured the hotel accommodation agrees to be responsible for providing move-on support as appropriate as per the Next Steps Strategy, unless the client has priority needs and a local connection to another borough or is eligible for a borough rough sleeping pathway.
4. For clients in priority need, where a procurement was done by an authority to which the individual has no local connection, it is incumbent on that authority to link up the individual with the relevant authority where there is a local connection, (where that exists).
5. The snapshot that is being recorded on CHAIN by 18 May will assist in providing relevant local connection/priority needs information to cohort the accommodated individuals.
6. For the avoidance of doubt, where the GLA is operating hotels, they agree to count these individuals as being procured by the GLA.

We note that the key difficulties around these principles include the high percentage of the cohort with no recourse to public funds (for whom it unlikely any settled accommodation can be found), new flow to the streets, including those with indeterminate local connection, and the likelihood of further Coronavirus peaks over the next year.

We also note that, regarding point 5, discussions are underway with MHCLG, the GLA, Capital Letters and third sector partners regarding the ramping up of a Pan-London offer of PRS for these clients.