JOINT STATEMENT – THE IMPACT OF COVID-19 ON PEOPLE EXPERIENCING HOMELESSNESS

The COVID-19 pandemic has affected different countries in different ways. In the UK, it has highlighted pre-existing inequalities. The impact on people experiencing homelessness provides a stark illustration of this. To understand these impacts, the following research was undertaken:

Groundswell - Monitoring the impact of COVID-19 on people experiencing homelessness: Focusing on the experiences, concerns and feedback of people experiencing homelessness, with a particular focus on health and human rights, during the pandemic;

Crisis - The impact of COVID-19 on people facing homelessness and service provision across Great Britain: Focusing on experiences of frontline services across Great Britain during the pandemic and the changing support needs of people experiencing homelessness between March and September 2020;

St Mungo's - Housing and health: Working together to respond to rough sleeping during COVID-19: Focusing on research into the health needs of people sleeping rough in England and their vulnerability to COVID-19;

The Strategy Unit - Homelessness and the response to COVID-19: learning from lockdown: Focusing on how health and care providers have innovated during the pandemic to change how they deliver their services to people experiencing homelessness, as well as how data sharing and use in this area can be improved.

This joint statement brings together the outcomes that an integrated health and care system, as described by the Department for Health and Social Care (DHSC), including the new Office for Health Promotion and the UK Health Security Agency, should aspire to for people who experience homelessness in this country. This involves effective partnership working from:

- DHSC (DHSC), including Public Health England (the new Office for Health Promotion) and the UK Health Security Agency)
- Ministry for Housing, Communities and Local Government (MHCLG)
- NHS England (NHSE)
- Integrated Care Systems (ICSs)
- Local authorities (LAs)
- The Voluntary and Community Sector working in housing and homelessness (VCS)
- Researchers

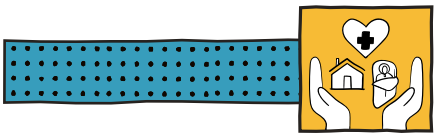
For the purposes of this statement, 'people experiencing homelessness' refers to people who are rough sleeping, or housed in temporary or unsafe accommodation.

Outcomes required

1. Improving health outcomes for people experiencing homelessness

The research conducted in support of this statement makes stark the inequalities in health outcomes that people experiencing homelessness face. This must be addressed with urgency. The legislative framework is in place to meet the complex health and care needs of this group, and the pandemic has shown the way in some areas. We assert that the following actions should now be taken.

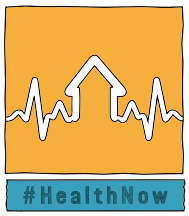
Action 1: NHSE should develop a single indicator framework for inclusion health and health inequalities to support ICSs



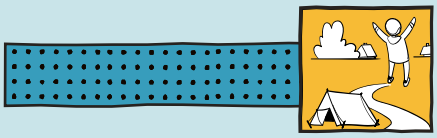
a) ICSs are being given responsibility to support place-based joint working between the NHS, LAs, community health services and VCS. They will be supported by measures to improve data sharing within these systems. The Strategy Unit report describes some of the challenges around data collection to support people experiencing homelessness and how these might be addressed. The COVID-19 pandemic has seen organisations collaborate more effectively, ensuring lawful, proportionate and informed information sharing leading to an increase in positive outcomes. ICSs should facilitate collaboration between local stakeholder organisations as a priority and agree how they can collect and share client data to support a more collaborative approach to understanding and supporting their needs.

b) ICSs should initiate homeless health or inclusion health taskforces to develop an inclusion health plan covering their area. These should be developed with people with lived experience of homelessness to ensure they meet the need.

This work could be overseen by the ICS Health and Care Partnership. The national homeless voluntary sector organisations could also support this, perhaps coordinated by Groundswell's #HealthNow alliance.

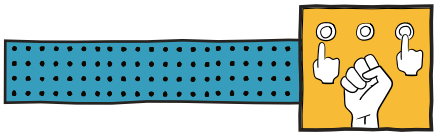


Action 2: NHSE and NHS regions should take a more visible, strategic lead to support the delivery of Action 1



Proposed legislation will provide NHSE with the ability to respond to changes and external challenges with more agility. The health inequalities experienced by people experiencing homelessness are such a challenge. Therefore, NHSE should create a 'community of practice' on health and homelessness, led by a national team and regional leads, co-ordinating and funding a programme bringing local services, researchers, the VCS and people with lived experience together. The programme should focus on exchanging intelligence, stimulating innovation and highlighting good practice, such as the new ways of delivering drug and alcohol services developed during the pandemic. Locally led, nationally supported.

Action 3: ICSs should convene local stakeholders to put in place mitigation to avoid digital exclusion from health and care services



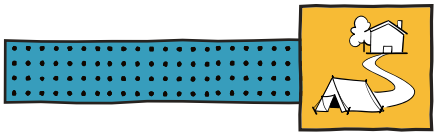
Digital delivery has soared. Some VCS organisations have provided access to phones or computers during the pandemic. All health and care services should ensure that digital delivery does not exclude people experiencing homelessness, with ICSs held accountable through their digital transformation agendas.

Action 4: ICSs should monitor access to Primary Care

Primary care is the gateway to many other health services. Registering with a GP for people experiencing homelessness has long been difficult, with proof of address or photo ID often (wrongly) required. The COVID-19 response has highlighted this barrier to accessing healthcare. NHSE released guidance to primary care stating they should prioritise the registration of those with no fixed address during the pandemic. This has been followed up by the creation of a GP access card by NHSE. Adherence to this guidance must be monitored with clear accountability and this must include proactive and sustained outreach by health services working in partnership with local authorities, homelessness services and people with lived experience of homelessness. In the short-term, this activity will also support the vaccination roll-out for this group.

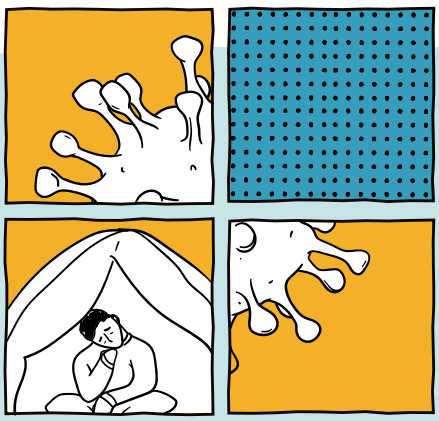
2. Improving access to appropriate housing and support for people experiencing homelessness

Action 5: MHCLG and LAs should ensure access to emergency accommodation and prioritise move on planning into secure accommodation



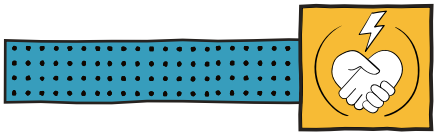
Access to safe, self-contained accommodation throughout the pandemic for people experiencing homelessness has not only undoubtedly saved lives and protected people from the virus, but has allowed people to access to healthcare provision they otherwise might have gone without.

The interventions that had the most direct impact on people experiencing homelessness during COVID-19 related to efforts to both prevent people from losing their home, and to accommodate those people rough sleeping, in night shelters or staying in hostel accommodation where they were unable to effectively self-isolate and socially distance. The initial COVID-19 response showed what is possible in moving people away from street homelessness. It has also highlighted longstanding challenges and raised questions about how we support people to move away from homelessness for good.



In England, the process of 'Everyone In', and assessing health, care and support needs as part of this, has been used to examine who would benefit from different housing solutions. However, there has been a question mark over the extent to which recent funding announcements can meet the ongoing need for permanent long-term tenancies. This includes move-on provision for people with No Recourse to Public Funds (NRPF). Government must clarify what medium to long term support will be available.

Action 6: MHCLG, DHSC, PHE and NHSE should maintain close working arrangements developed during the COVID-19 pandemic



At a local level many health and homelessness services have reported an unprecedented level of engagement and collaboration during the pandemic. Similarly, there has been closer collaboration between government departments, highlighted by the introduction of cross government and regional 'cells' on homelessness and COVID-19. This collaborative multi-agency approach must continue. Further, central government should establish an inter-ministerial working group or cabinet committee on homelessness and rough sleeping to secure the intention set out in the 2018 Rough Sleeping Strategy for government departments to "work seamlessly together".

Overarching message: Lived experience

The pace at which COVID-19 prevailed meant that initially responses and planning failed to include the voices of people with direct experience of homelessness. It is imperative that ongoing planning around prevention, support and move-on discussions are informed by those who have lived experiences and that peers are an integral part of inclusion health service delivery. Insights from our research show that in some cases well-intentioned responses to the pandemic had negative consequences for people which could have been reduced. It is important that lessons are learnt and good practice is replicated from experiences of those impacted by the pandemic response so far in future planning.