

## GREATER MANCHESTER COMBINED AUTHORITY

**DATE:** Friday, 29th May, 2020

**TIME:** 10.00 am

**VENUE:** This meeting will be held virtually via Microsoft Teams and it will be live-streamed for public viewing. The link to watch the meeting is on the GMCA website meetings page

### SUPPLEMENTAL AGENDA (2)

**13. A Bed Every Night Phase 3 Homelessness Programme (attached)**

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Report of GM Mayor, Andy Burnham.

For copies of papers and further information on this meeting please refer to the website [www.greatermanchester-ca.gov.uk](http://www.greatermanchester-ca.gov.uk). Alternatively, contact the following

Governance & Scrutiny Officer: Governance and Scrutiny

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This supplementary agenda was issued on 22 May 2020 on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority, Churchgate House, 56 Oxford Street, Manchester M1 6EU

<b>BOLTON</b>	<b>MANCHESTER</b>	<b>ROCHDALE</b>	<b>STOCKPORT</b>	<b>TRAFFORD</b>
<b>BURY</b>	<b>OLDHAM</b>	<b>SALFORD</b>	<b>TAMESIDE</b>	<b>WIGAN</b>

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Date: 29<sup>th</sup> May 2020

Subject: A Bed Every Night Phase 3 Homelessness Programme

Report of: Andy Burnham, Mayor of Greater Manchester and Paul Dennett, City Mayor, Salford

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**PURPOSE OF REPORT**

The report summarises the approach and funding allocation for Phase 3 of A Bed Every Night (ABEN) which includes a revised specification in response to the COVID-19 crisis.

**RECOMMENDATIONS:**

1. Note the approach to Phase 3 of A Bed Every Night to provide a Covid-safe environment for people who were rough sleeping or are at imminent risk of rough sleeping
2. Note the approach to Phase 3 of A Bed Every Night to be provided through both grant and welfare reclaim funding to ensure viability for self-contained/non-shared accommodation model
3. Note and agree expenditure allocations of £4,750,000, with any further minor amendments to Local Authority grant payments to be delegated to the Treasurer in consultation with the Greater Manchester Mayor and Portfolio Lead for Housing, Homelessness and Infrastructure
4. Note that the GMCA will underwrite from Mayoral reserves any shortfall arising from Greater Manchester Mayors Charity fundraising to support 60 NRPf beds between October 2020 – March 2021

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**Appendix 1:** ABEN Phase 3 Framework

**Appendix 2:** Shared Accommodation Infection Control

**1.0 CONTEXT**

- 1.1. The A Bed Every Night programme has provided a key accommodation and support pathway for people who are experiencing rough sleeping, or at imminent risk, in Greater Manchester for the last 2 years.
- 1.2. Since 2018, over 3,000 people experiencing homelessness with no statutory duty owed them, including those with No Recourse to Public Funds, have been accommodated and supported under this programme.
- 1.3. The role of A Bed Every Night becomes even more critical as a humanitarian relief programme as we begin to 'live with Covid-19' and manage the continued risk to life that this presents to those who are vulnerable.
- 1.4. A Bed Every Night makes up one part of the response to accommodating those who have been accommodated under 'Everyone In', where this cannot be sustained.
- 1.5. The continuation of A Bed Every Night is essential to ensure that those currently accommodated within it, and Covid response hotels, have the certainty of ongoing accommodation and support, and to ensure that Greater Manchester can continue to offer accommodation and support to people who are sleeping rough, now and in the next 9 months.
- 1.6. A Bed Every Night in its third phase will run from July 2020 to March 2021.
- 1.7. Due to the current pandemic, there are even greater efforts to lobby National Government for policy changes to ensure that everyone who is rough sleeping can be provided with an accommodation and support offer that meets the variety of need and circumstance. This is being fed into the new Government Taskforce, chaired by Dame Louise Casey.
- 1.8. Following the dismantling of A Bed Every Night shared sleeping provisions into self-contained hotels and other forms of accommodation due to 'Everyone In', the challenge is to rebuild A Bed Every Night to be able to:
  - Operate in 'Covid-safe' conditions and provide infection control safety to residents
  - Provide a step down option for hotels and other alternative accommodation procured for 'Everyone In' that cannot be sustained, and prevent a return to rough sleeping
  - Meet the ongoing need and potential for increased demand of people rough sleeping or at imminent risk, due to the socio-economic pressures caused by the pandemic

**2.0 PHASE 3 OUTLINE**

- 2.1. A Bed Every Night will continue to operate as a Greater Manchester-wide response, which provides accommodation and support for people experiencing rough sleeping, or at imminent risk, who have no statutory accommodation options open to them.
- 2.2. It will be delivered as one part of a wider system of activity to prevent and relieve rough sleeping, including the Rough Sleeper Initiative, Rapid Rehousing Programme, and Housing First pilot, all of which should be delivered with reference to one another and provide options and complementary resources for people who rough sleep.
- 2.3. Phase 3 will seek to increase accommodation capacity up to 445 households (individuals and couples). Since Covid it has reduced to 292 due to shared space restrictions. Phase 3 will therefore increase actual currently available by 153.
- 2.4. Referral will operate through two key routes (Rough Sleeper Outreach and Housing Options/Solutions services) and work in partnership with local organisations and public services to identify, triage and support individuals to access provision effectively.
- 2.5. Accommodation will seek to be provided in non-shared sleeping arrangements, either in self-contained accommodation or accommodation with low density shared bathroom and kitchen facilities (such as Houses of Multiple Occupation).
- 2.6. In contrast to previous phases, Local Authorities are required to seek Housing Benefit or Universal Credit claims against accommodation (and where possible support) provided as part of their core funding model, in order to increase the financial viability of this next phase.
- 2.7. ABEN grant investment will seek to fill the gap in funding provided by benefit and subsidy charges, against actual costs. Local Authorities have projected expected rent recovery and bad debt, assuming a level of non-recovery due to delays, refusal to claim, and No Recourse to Public Funds.
- 2.8. Access to benefits will not be a condition of eligibility for ABEN but a key support aim for people when accommodated. Upon placement clients should understand that help to claim benefits will be provided and that, if eligible, they will be expected to claim to help the provider meet the costs of accommodation and support.
- 2.9. Phase 3 will ensure that individuals accommodated in ABEN have access to appropriate health and support services so that their wider needs are met. It outlines alignment of local arrangements around primary care, mental health and substance misuse, building on existing services and work undertaken during the emergency accommodation period.
- 2.10. This will be supplemented by a clear offer of interventions delivered at a pan GM level that can enhance this further including technology to allow remote access to health services, Covid-19 testing pathway, and screening and immunisations.

- 2.11. Guidance on Public Health infection control measures have been collated in the absence of specific Public Health England information for temporary accommodation settings, built from Care and Residential settings guidance. This will continue to be reviewed by GM Health and Social Care Partnership who are liaising with Public Health England and GM Public Health professionals to build a clear picture of safe practise.
- 2.12. Phase 2 delivered a more co-ordinated service delivery through a single commissioning specification and greater focus on public service integration, and Phase 3 will seek to build on this and demonstrate further integration especially focused on health services and community infrastructure.
- 2.13. Beyond respite and meeting immediate basic needs, move on into settled accommodation remains the central aim of A Bed Every Night. The continuing under-supply of social housing and challenges in accessing social and private affordable housing for this cohort remain significant hurdles. Continued efforts will be made to ensure realistic move on pathways are available into social and private rented accommodation via:
- The Ethical Lettings Agency (PRS)
  - Housing First (direct social lets and PRS)
  - Social Housing Registers
- 2.14. Without adequate move on 'flow' A Bed Every Night will struggle to deliver the capacity required to meet current and expected demand. Work to facilitate move on via the above methods will be prioritised.

### **3.0 PROVISION SPECIFICS**

- 3.1. Continued improvements in the quality and integrated nature of support are being made. With all provisions demonstrating integration into local and regional health service offers, completing trauma awareness training, connecting into local specialist support services for minority groups, and providing assurance on the suitability and training for security guards.
- 3.2. Phase 3 will increase accommodation capacity up to 445 households (individuals and couples) to meet current and ongoing demand.
- 3.3. Within this there is fixed capacity for up to 60 households who have No Recourse to Public Funds. This will be continually reviewed based on demand and funding available through charitable sources.
- 3.4. Owing to the prevalence of fully self-contained accommodation in Phase 3 there is less demand for women's only provisions. However, there will be 50 women only

accommodation places for women experiencing trauma that provide a single sex accommodation and support space<sup>1</sup>.

- 3.5. A new provision for people who are LGBT+ will be available for up to 6 people at any time.
- 3.6. Owing to the very small take up of accommodation allowing pets by people with pets no specific provision for people with pets is being provided. However a variety of provisions have flexible 'pets allowed' policies.
- 3.7. Further work will be undertaken to ensure effective referral and access pathways that link into wider support organisations and the public sector, including prison and probation services and hospital discharge.

#### 4.0 INVESTMENT

- 4.1. The overall investment into ABEN Phase 3 is expected to be £4,750,000.

Investor	Investment
GM Mayor's Fund	£2m
GMHSCP	£1m
GM Joint Commissioning Board	£1m
HMPPS	£250,000
Police and Crime Commissioner	£250,000
Greater Manchester Mayor's Charity (Initial – July/September 20)	£200,000
Phase 2 unspent Evaluation monies 19/20	£50,000
	<b>£4,750,000</b>

Table 1: Investment ABEN Phase 3

- 4.2. Contributions from JCB, HMPPS and the Greater Manchester Mayor's Charity are to be confirmed.

#### 5.0 EXPENDITURE

- 5.1. Funding will be apportioned against the following activities:

Provider(s)	Expenditure
GM Local Authorities accommodation and support delivery costs	£4,320,000
GM Local Authorities NRPF top up provision	£200,000
NRPF legal and support provider	£70,000
GMCA Data analysis, commissioning and project management functions	£80,000
Evaluation partner (Herriot Watt)	£50,000
Legal and consultancy costs	£20,000
ABEN lived experience training and development (GMHAN)	£10,000
	<b>£4,750,000</b>

<sup>1</sup> Manchester (30), Rochdale (10), Stockport (5), Tameside (5)

Table 2: Overall expenditure ABEN Phase 3

- 5.2. Due to the increased need for self-contained or HMO accommodation due to Covid-19 infection control, the funding model for this phase relies on welfare reclaim alongside grant funding in order to be viable.
- 5.3. The allocation to Local Authorities (broken down below) is a maximum core grant amount which does not in all cases take into account full welfare reclaim options. Welfare reclaim options are currently being worked out with legal advice and negotiation with Revenue and Benefits teams to identify reasonable assumptions. This will identify the level of grant funding required to meet the gap between delivery costs and welfare re-claim values across different provisions. It is proposed that any changes to indicative allocations arising from this process are delegated to the GMCA Treasurer in consultation with the Greater Manchester Mayor and Portfolio Holder.
- 5.4. Local Authorities' service delivery costs have been indicated significantly above the £4,320,000 accommodation and support budget available. By aligning wider rough sleeper funding and homelessness and health resources this has been reduced.
- 5.5. However, further reductions were necessary leading to consideration of proportionality, reasonable costs and assumptions based on the information available. It is hoped that an additional 79 bed spaces can be mobilised, however this will require further welfare reclaim work and/or additional funding.
- 5.6. The NRPF element of the grant covers accommodation for 60 households for full 9 month costs across Greater Manchester. Initial funding is being sought through the Greater Manchester Mayor's Charity meeting this cost for the first 3 months, £200,000 (pending formal approval). Further efforts will be taken by GMMC to fundraise for the following 6 months, maximising available grant funding and working in partnership with key VCSE delivery partners. GMCA will underwrite any shortfall in fundraising for NRPF accommodation costs from Mayoral reserves.

LA	Maximum Core Grant Allocation	NRPF Grant
Bolton	£353,793	
Bury	£166,399	
Manchester	£1,322,069	£297,000
Oldham	£231,000	£69,300
Rochdale	£183,067	£39,600
Salford	£1,440,347	£178,200
Stockport	£55,000	£9,900
Tameside	£250,000	
Trafford	£83,502	
Wigan	£234,823	
<b>Total</b>	<b>£4,320,000</b>	<b>£594,000</b>

Table 3: Local Authority grant allocations. Note that people with NRPF will be accommodated across Greater Manchester on a needs basis. However a fixed GM offer of accommodation and support will be delivered in the boroughs as outlined in the NRPF grant above.

- 5.7. Investment into additional specialist legal and support for people who have NRPF will be made to ensure statuses can be resolved and move on accommodation secured where possible. This service is likely to build on existing service providers, whose capacity to scale is being explored.
- 5.8. GMCA will retain funding for data analysis, commissioning and project management functions to ensure adequate project support and GM wide co-ordination.
- 5.9. Herriot Watt will provide research and evaluation capacity throughout Phase 3 and enable an evidence based review to be undertaken, providing regular reports into the Homelessness Programme Board and associated wider governance.
- 5.10. Legal and consultancy costs are included to cover services obtained to support the Housing Benefit and Occupancy Agreement advice and assurance required for maximum welfare reclaim. The legal service costs also cover the execution Grant Agreements with Local Authorities.
- 5.11. The ABEN training and development budget will be targeted at lived experience groups, co-ordinated by the GM Homelessness Action Network, to support ABEN provisions.

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A Bed Every Night

## Framework for Phase 3: Preventing and Relieving Rough Sleeping through Covid Recovery



## 1. Background

- 1.1. A Bed Every Night (ABEN) is a Greater Manchester-wide response, which provides accommodation and support for people experiencing rough sleeping, or at imminent risk, who have no statutory accommodation options open to them. Initially developed as an additional service in the winter months, ABEN has seen continual iteration and grown to deliver an essential accommodation option for people experiencing rough sleeping, year round. Moreover, as the provision has developed our learning has helped us gain greater insight into what works and where the opportunities now lie for us adapt and position our response.
- 1.2. Phase 1 of ABEN ran from November 2019 to September 2019 with 2,541 people accommodated across 10 districts, with a maximum of 350 beds available on any one night. Phase 2 began in October 2019 and will run until the end of June 2020, with a maximum of 420 beds available on any one night.
- 1.3. As we move into Phase 3, and continue to build a coherent response to rough sleeping across Greater Manchester, it is more important than ever for us to set out the core aims and principles of ABEN and its position within a wider range of support and provision both specific to rough sleeping and within our wider support for people and communities:

Core Aims	Core Principles
To help end the need for people to sleep rough by providing accommodation and support	A consistent Greater Manchester wide accommodation and support offer (within parameters of variety and specialism required)
To invest and work in partnership across relevant sectors and organisations	Transitional, rapid relief pathway
To fill the gaps and complement existing provisions so that everyone has accommodation	Flexible and ongoing access that recognises an individual's journey may not be linear
To constantly learn and improve the Greater Manchester response to rough sleeping, case make and build an evidence base to inform lobbying, commissioning and funding	Support to meet immediate needs (harm reduction, safety and shelter) and give respite

To support a stronger whole system response to preventing and relieving homelessness	Person centred, gender-responsive and trauma informed support to recover and reconnect
To raise public perception of rough sleeping and provide a channel for action	Aligns and complements statutory duties under Homelessness Reduction Act and knits into local infrastructure
	For individuals with a local connection to Greater Manchester
	Continued learning from local practice and personal experiences, feeding into all relevant agendas and policy areas
	To stimulate and raise engagement with voluntary and community organisations, and support mature and resilient community infrastructure

1.4. ABEN but is part of a range of approaches and programmes to support work in tackling homelessness. ABEN forms one part of a series of coordinated approaches including the Rough Sleeper Initiative, Rapid Rehousing Programme, and Housing First pilot, all of which should be delivered with reference to one another and provide options and complementary resources for people who rough sleep.

## 2. Current Position and Learning

2.1. Phase 2 has delivered a more co-ordinated service delivery through a single commissioning specification and greater focus on public service integration. This phase has also delivered a more specialised provision for women, couples, people with higher needs and people with pets. There have been 420 core beds commissioned and this has extended upwards to 470 reflecting the changing demand in different seasons and the need for flexibility to meet uplift in winter months.

2.2. The provision of ABEN beyond June 2020 is essential not only to continue to provide for individuals who will be accommodated at that time, but also to ensure the key aims of ABEN as a philosophy are upheld. We now also have a range of learning and insight from ABEN use to date. Interim evaluation can be summarised:

- Continued uptake of ABEN by young adults across 18-25, 26-30 and 31-35 age groups. They attest for over 50% of all referrals.
- Prevalence of move on into supported accommodation settings. This makes up 40% of all positive accommodation outcomes suggesting the high needs of clients.

- Use of ABEN as a preventative or early rough sleeping intervention, with high records of sofa surfing and people deemed to be at imminent risk of rough sleeping making use of the service. Prevention makes up 25% of total referrals, with a further 53% having rough slept for under one month.
- Prevalence of three self-identified support needs; substance misuse, mental health and English as a second language (for men)/domestic abuse (for women)

2.3. We now have the added necessity of developing our provision in light of the Covid-19 outbreak. This means ensuring not only that provisions are safe against infection and spreading for clients and staff, but also that we are flexible enough to adapt alongside advice and guidance from Central Government. The biggest impact will perhaps be demand for homelessness services, expected to rise and place greater pressure on scarce affordable rehousing opportunities. It is therefore vital that ABEN works in close alignment with wider programmes, integrated public service delivery and makes use of all available community assets.

2.4. Accepting this context, we also have a desire to take the opportunity to step up the development of our provision as part of local integrated models of delivery. As such it is necessary to refresh some of our intentions and adapt our specification. Key differences will be:

- Ensuring provision is 'Covid-19 compliant' including preference for self-contained or HMO accommodation where possible
- Ensuring provision supports a safe exit plan for those who have been accommodated in hotels and hostels during the lockdown period.
- Ensuring specialised provision for women as transition from women's only site during Covid-19
- A greater emphasis on holistic support in addition to accommodation which includes;
- Expansion or further development of the holistic health offer.
- Better connecting support for clients with digital and integrated models of delivery.
- A professional-led model supported by a robust voluntary sector offer
- A focus on gender-responsive and trauma informed support
- Looking to ensure value for money through Housing Benefit or Universal Credit claims where possible for the ABEN accommodation.

### **3. COVID-19 and Public Health Guidance**

3.1. Clearly our provision in Phase 3 now has to adapt in light of the outbreak of Covid-19, our standards and framework need to ensure that clients are able to socially distance themselves, that staff are also supported to and have the equipment to carry out safe practices during this period, that we adapt our provision around the current local response (e.g. Community Hubs), and that we are also compliant with the latest government guidance and regulations. As a

minimum it is encouraged that all accommodation provision will be in non-shared sleeping conditions as opposed to shared, where possible and financially viable.

3.2. As part of the response to Covid-19, 1,500 placements have been made into non-statutory alternative accommodation in Greater Manchester, such as hostels and hotels, which have enabled people to self isolate and be supported with other needs such as food, health and wellbeing. We need to ensure that ABEN can help to provide a safe exit option for those that need it (where accommodation need to be stepped down) who have come from positions of rough sleeping or emergency accommodation due to rough sleeping risk. There are also areas of learning which it will be helpful for us to take note of.

3.3. Current Public Health Guidance is as follows:

- The COVID-19 virus calls for much greater standards of hygiene, both individually, and in the place where a person lives. During the pandemic, accommodation providers should ensure that staff and people they support are maintaining good personal hygiene and managing infection control as much as possible.
- General interventions to prevent spread of infection may include increased cleaning activity to reduce risk of retention of the virus on hard surfaces, making antibacterial hand gel available where possible and keeping property properly ventilated by opening windows whenever safe and appropriate.
- ABEN accommodation should be suitable for self-isolation and shielding as far as possible, although there is an acknowledgement some may be group living environments with communal areas and others wholly self-contained. Any shared living space means infection can easily be passed around. It is therefore vital to take the steps that can help prevent infection occurring.
- Accommodation providers and staff should follow [social distancing](#) measures (2 meters apart) for everyone accommodated wherever possible, and the [shielding guidance](#) for anyone who falls into this extremely vulnerable group.
- Substantial lowering of the limit on maximum number of occupants staying in any shared accommodation at any one time (to ensure at least 2m distance can be adhered to) should be considered in dialogue with Public Health colleagues.
- Adjustment on how people move around buildings and use the space within in should be made to ensure safe distancing is possible at all times. This is supported by use of floor marking to indicate safe distances.
- Appropriate signage and posters should be displayed on site to alert people to increased risk. If not available locally, some examples are available [here](#) and [here](#).
- If neither the support worker nor the individual accommodated is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

- It is not expected to have dedicated isolation facilities for people living in the accommodation but you should implement isolation precautions when someone in the accommodation displays symptoms of COVID-19. Where possible any resident presenting with symptoms of COVID-19 should be separated in a single room with a separate bathroom. Contact the NHS 111 COVID-19 service for advice on assessment and testing.

Further details on Infection Prevention and Control and precautions for symptomatic individuals is included as an Appendix and additional guidance around infection control in shared accommodation is included as part of the suite of documents.

## 4. Health support

- 4.1. We anticipate further developments to the health support offer for clients in this phase and as much as possible the ambition is for this to be hoslitc/wrap around, tailored to the needs of each client and avoid (where possible) unnecessary referrals on.
- 4.2. Individuals accommodated in ABEN should have access to appropriate health and support services to ensure their wider needs are met. This should be arranged locally, engaging with local providers and commissioners to ensure alignment and support to ABEN. At a minimum this should include;
  - Access to General Practice and links made with nearby surgeries
  - Mental health support and assessment pathway
  - Drug and alcohol services providing support, including harm reduction interventions
- 4.3. Where services require strengthening, upscaled capacity or different arrangements as a result of Covid-19 or to support the recovery period, additional costs should be recovered from NHS through local CCG arrangements. This is an opportunity to engage health commissioners in bringing additional capacity that will support individuals residing in ABEN schemes.
- 4.4. This baseline will be supplemented by interventions that can be delivered at a pan-GM level;
  - Technology to allow remote access to General Practice and other health services as required
  - Covid-19 testing pathway
  - Groundswell 'Call and Check' service for low level MH support – FUNDING NEEDS CONFIRMING
  - Provision of screening and immunisation (Hepatitis C and Influenza)
  - Emergency dental pathway
  - Access to optometry

## 5. Funding model

- 5.1. Funding for this phase of ABEN takes into consideration the emphasis on self-contained and HMO accommodation to increase Covid-19 infection control. Local Authorities should seek to

claim Housing Benefit or Universal Credit against accommodation provided, in order to increase the financial viability of this next phase. ABEN will seek to fund the gap in funding provided by benefit and subsidy charges, against actual costs. Local Authorities should project expected rent recovery and bad debt from this cohort and add this into the funding required. This model has been delivered in numerous boroughs through Phase 2 and a working group has developed shared knowledge of local practises.

- 5.2. Initial proposals should set out expectations around Housing Benefit or Universal Credit claims. Where it is not expected that such claims can be made, the reasons why should be set out. If Housing Benefit or Universal Credit will be claimed, it would be useful to understand under which rate. Additionally local authorities should clearly set out the landlord and support provider organisations in order to understand in more detail the potential benefit arrangements. Where a private landlord is being used the reasons why should be clearly set out.
- 5.3. Legal and housing consultancy has been sought to support Local Authorities understand the options open to them and the implications of occupancy agreements. This technical note will be issued at the beginning of June and amendments to preliminary grant agreements can be made if increased benefit reclaim is possible following agreement with Revenues and Benefits teams locally.
- 5.4. Rent loss due to accommodate people who have No Recourse to Public Funds will be provided at a top up rate, currently set at **£1,100 per person per month**. A set amount of accommodation for people with No Recourse to Public Funds is being proposed to be able to manage the potential for exponential costs. This will initially be set at 60 places but will be reviewed regularly against presenting demand. Additional investment in a bespoke legal service for people with No Recourse to Public Funds will be made to focus on status settlement and move on for this cohort.
- 5.5. GMCA is keen to avoid exclusivity due to lack of immediate ability to claim benefits and keenly emphasise that access to benefits should not be a condition of eligibility for ABEN but a key support aim for people when accommodated. Upon placement clients should understand that help to claim benefits will be provided and that, if eligible, they will be expected to claim to help the provider meet the costs of accommodation and support.
- 5.6. Local Authorities should outline alignment of wider resources such as Rough Sleeper Initiative and other local services which overlap with this cohort and aim to prevent and relieve rough sleeping.

## **6. Provider suitability and quality**

- 6.1. It is expected that localities take responsibility for ensure the suitability and quality of providers. We would however, anticipate that due consideration would be given to social value and in particular supporting our collective ambitions around the GM Good Employment Charter.
- 6.2. There is a clear history of ABEN working in partnership with community and voluntary organisations that are active in supporting vulnerable people. Local Authorities are encouraged to include VCSE organisations in their onward commissioning or supply chain where possible, and support the strengthening community infrastructure.
- 6.3. Consideration should be given to the Covid-19 structures that have been established, such as local Community Hubs and food provision services. Alignment with these structures and services may provide helpful throughout Covid-19 recovery phases.

## **APPENDIX 1 CRITERIA**

### **1.1 General Eligibility:**

- Over 18 years old
- All genders (trans\* inclusive)
- Accessible to couples, those with limited mobility and people with dogs
- Individuals must be currently rough sleeping in GM or at imminent risk of rough sleeping and face significant risk of harm.
- Individuals should only be accommodated in GM ABEN accommodation if routine responses to provide accommodation, statutory or discretionary, are unavailable.
- Access to ABEN should be managed by Local Authority Housing Options or Rough Sleeper Outreach services in the first instance, or the function can be provided by partner organisation(s) as agreed.
- An individual is eligible for GM ABEN when they are deemed to not be owed a statutory duty to interim accommodation. This requires a Homelessness Reduction Act assessment. Where possible access to assessment should be available via outreach, at day centres, or over the phone to increase accessibility for people who are rough sleeping.
- Individuals with no recourse to public funds (NRPF) should be accommodated and referred for appropriate immigration advice and support. A clear referral pathway for such support will be in place, signposting according to nationality and the nature of their immigration issue. Funding has been provided in this phase for legal support, which will primarily focus on the 60 dedicated NRPF beds, with an advice line and triage system for those accommodated outside of those. Decisions on support offered and length of ABEN stay will be made on a case by case basis.
- For individuals who have no local connection to any of the GM Local Authorities, Local Authorities and their providers will reconnect individuals back to the Local Authority with whom they have a local connection to. However, individuals can be offered ABEN accommodation on a night by night basis for a maximum of 3 nights, whilst reconnection arrangements are made.

## APPENDIX 2 SERVICE DESCRIPTION

- 2.1 The GM ABEN is a service of last resort and Local Authorities will continue to place individuals into other local provision where possible, through Housing Options services.
- 2.2 **Assertive Outreach:** Across GM all Local Authorities deliver a dedicated rough sleeper outreach service developed as part of the Rough Sleeper Initiative. All local authorities will be expected to align this resource with their ABEN delivery model and ensure that people who are sleeping rough are encouraged and prioritized to access ABEN where appropriate.
- 2.3 The Assertive Outreach approach includes:
  - “case-finding” activities where workers regularly visit locations and respond to intelligence to visit new hotspot areas where there are known rough sleepers to engage with those people building relationships and trust.
  - “Assertive referral follow up” where workers respond to specific referrals and attempts to make and maintain contact even when engagement is difficult.
- 2.4 **Homelessness Assessments:** Assessments as part of the Homelessness Reduction Act must be completed for all service users to determine eligibility into accommodation, with GM ABEN provision existing to provide non-statutory accommodation where there is no reason to believe the individual may be in priority need. For individuals who are in priority need but deemed intentionally homeless, Local Authorities are encouraged to consider the suitability of ABEN placements and exercise discretion where possible. This assessment should take place prior to placement where possible. No person should be accommodated in GM ABEN provision without a homelessness assessment under the HRA for more than 48 hours and should not remain there if they are found to be eligible for statutory or other accommodation.
- 2.5 **Support:** An individual should enter ABEN with a Personal Housing Plan, or be supported to complete one shortly after arrival, to ensure that their move on options from ABEN are clearly explored and responsibility for achieving this is clearly laid out. The Personal Housing Plan can support the creation of an effective support plan for individuals when in ABEN accommodation.
- 2.6 GM ABEN will offer individuals support, on site or locally, that provides activity and focus on a day to basis as far as possible. This may take time to develop and involve partnerships with local groups and organisations.
- 2.7 As required individuals will be supported to access to primary care, mental health, substance misuse and welfare services. Routes to support for people speaking English as a second language should be identified. People should be assisted to access support services by linking in to current integrated neighborhood and place based teams, community hubs, voluntary sector, charities and other public services.

- 2.8 ABEN aims to be **short term and transitional accommodation**. This should be clearly communicated to the client and ongoing support provided to achieve this. There is a recognition that a fixed period of days is not helpful or achievable for some individuals, however as a matter of course assurance from LAs on their move on efforts will be measured against 14, 21 and 42-day periods.
- 2.9 As a scarce and emergency resource, it should be made clear that a stay in ABEN can be time limited if an individual is making no efforts to engage with support. Reasonable move-on options in line with current procedures and policies, must be accepted to enable the ABEN provision to accept other individuals who need it.
- 2.10 **Involvement and Information:** The service must support individuals to make realistic choices, taking into account their views and aspirations.
- 2.11 Individuals need to be made aware of the following information or reasonable access to:-
- Admission information
  - Support plans, needs and risk assessments
  - Complaints procedure
  - Whistleblowing/safeguarding procedure
  - Equality and diversity
  - Local amenities
  - Translation services
- 2.12 **Accommodation:** Provision of accommodation will be localised and vary from borough to borough to meet the needs of individuals in their locality and taking in to account local infrastructure and partnerships opportunities with the public, voluntary and faith sectors.
- 2.13 Accommodation should be suitable for specific demographics where there is evidenced local demand, this may include women, people with pets and people with more complex needs.
- 2.14 Local Authorities should set out who the accommodation provider and landlord are proposed to be and if necessary the relationship between the two. For example a lease or spot purchasing of accommodation on a nightly basis.
- 2.15 The landlord should be suitable and provide the clients with a written occupancy agreement with a rental charge included. This will ensure that there will be the possibility to claim Housing Benefit or Universal Credit. If this will not be the case Local Authorities should set out why.
- 2.16 The landlord should demonstrate experience in working with a similar cohort to ABEN clients. If they are unable to, the local authority should explain the suitability of the accommodation provider.
- 2.17 Over the winter months additional units of accommodation are usually required to meet increased need for those who may only come inside due to cold weather. Local Authorities do not need to outline how winter pressures will be met at this stage, as further guidance on Covid-19 and Government funding will be needed to establish a safe and viable model.

- 2.18 All accommodation provided for ABEN should meet the GM ABEN Accommodation Standards (Appendix 7)
- 2.19 **Bed allocation:** Bed spaces will be allocated on a first come first served basis and according to need. I.e. disability access rooms, and accommodation with pets for those who need it.
- 2.20 As part of the **resettlement process** for people accommodated out of borough, individuals should be reconnected and resettled in the borough they have a local connection with, if it is appropriate and safe for them to do so. The wishes of the client with regards to long term re-housing and support should also be taken into account. This will require collaboration and partnership across Local Authority teams and an appreciation of each other's pressures and resources.
- 2.21 **Move-on:** All ABEN provision staff will work pro-actively with individuals, Local Authority Housing Options/Solutions Services, rough sleeper initiatives, referring agencies, accommodation providers and other services to try to achieve quick, realistic and sustainable move-on or reconnection.
- 2.22 **Food** may be provided to clients to support them with material costs and to build good support relationships. Owing to Covid-19, any joint eating areas should meet with strict hygiene and distancing rules for infection control. It is preferable that some food is provided in all settings and that Local Authorities source this through their Covid Community Hubs through the recovery phase. Provision of food will not be mandated but should be considered and provided on some days where possible. Partnerships with food charities are encouraged, and existing Government funding is available <https://www.gov.uk/guidance/coronavirus-covid-19-apply-for-the-food-charities-grant-fund>.

### APPENDIX 3 SERVICE DELIVERY AND MANAGEMENT

- 3.1 The strategic liaison with GMCA and GM Local Authorities will come under the auspices of the GMCA Homelessness Team and the GM Homelessness Programme Board.
- 3.2 **Staffing:** Local Authorities will ensure sufficient and specified numbers of staff deliver the programme, ensuring safety and safeguarding considerations are fully met with regard to client needs. Staffing should reflect risk management protocols and be adequate to facilitate key functions:
- Acceptance of referrals, allocation of rooms and items
  - Team management
  - Building and site management
  - Hygiene management and control
  - 1-1 client support
  - Data capture
  - Liaison with other services.

These functions may be split across different organisations and some may be met by volunteers.

- 3.3 All ABEN provision will have a nominated manager and at least one deputy manager. Authorities should seek to ensure that there is management presence on site or on-call via the telephone at all times. Matrix management across multiple sites may be used.
- 3.4 Local Authorities will ensure that those employed have the **appropriate skills, qualifications and competencies** to deliver a quality service to clients with a history of rough sleeping and multiple and complex needs. They will ensure that staff are able to work positively with clients to address their needs and aspirations proactively, realistically, and sensitively.
- 3.5 All staff and volunteers should have an up to date DBS check.
- 3.6 Local Authorities will ensure that staff are fully aware of how to work in line with central government and Public Health England guidance in relation to Covid-19
- 3.7 All staff and volunteers including management should be trained appropriately in health and safety, lone working, safeguarding adults, substance misuse, public health safety, and in equal opportunities and diversity. This includes security staff.
- 3.8 All ABEN services will commit to understanding what specialist support is available in their locality for specific cohorts, to work in partnership with specialist organisations to support people with specific needs, and to access further training where beneficial i.e. Sex work, domestic abuse, LGBT+, BAME, disability, mental health, substance misuse etc.
- 3.9 Local Authorities will ensure that staff are fully aware of how to work in line with central government and Public Health England guidance in relation to Covid-19
- 3.10 All staff and volunteers including management should be trained appropriately in health and safety, safeguarding adults, substance misuse, public health safety, and in equal opportunities and diversity. This includes security staff.
- 3.11 All ABEN services will commit to understanding what specialist support is available in their locality for specific cohorts, to work in partnership with specialist organisations to support people with specific needs, and to access further training where beneficial i.e. Sex work, domestic abuse, LGBT+, BAME, disability etc.
- 3.12 All ABEN services will commit to undertaking **trauma awareness** training and be supported by Clinical Psychologists in trauma informed practice. ABEN seeks to provide accommodation and support for people who have multiple needs and experience exclusion, recognising the links to rough sleeping and destitution. Whilst unmanageable behavior that causes danger or abuse to individuals (clients or staff) cannot be tolerated, ABEN provisions will work to minimise exclusions and evictions by undertaking trauma informed training and staff and reviewing policies and procedures to accommodate for trauma.

- 3.13 Within the boundaries of maintaining a safe environment to live and work, a pro-active and flexible approach will be taken in respect of incidents within the ABEN provision, using person centred responses to reduce harm, understand causes and triggers and support individuals. Individuals who have been excluded temporarily or permanently should be referred to the local rough sleeper outreach team and attempts made to re-engage them and potentially seek other accommodation options.
- 3.14 Support requirements and activity for individuals should be documented in both **risk assessments** and **support plans**. These can be tailored to the cohort and provision to ensure that they are gender responsive and trauma informed, and offer a template for good risk and support management.
- 3.15 All clients should have a clear **move on plan** either as part of their support plan or stand alone. This should take into consideration the information provided on their Personal Housing Plan if they have one. This plan should be discussed at the earliest suitable opportunity in order to support the client in accessing more suitable longer term accommodation and avoiding the ABEN service becoming a long term housing solution.
- 3.16 Local Authorities will ensure that they tackle all **employment issues** and will ensure that they:
- Comply with legislation prohibiting discrimination
  - Obtain relevant disclosures from the Criminal Records Bureau before engaging staff for the service
  - Ensure that staff are not on the Safeguarding Vulnerable Adults (POVA)/Safeguarding Children register
  - Ensure that a minimum of two written references, one from the last employer, is obtained and that the person is legally entitled to work in the UK.
- 3.17 Where food is prepared or provided on site in ABEN provision, food safety certificates should be made available where applicable.
- 3.18 Local Authorities will enforce codes of conduct and disciplinary procedures for its staff and volunteers and take appropriate disciplinary action against any individual employed who transgresses the codes and procedures, or through commissioned organisations.
- 3.19 **Accommodation sites:** Having secured locations to deliver the service Local Authorities will liaise with the GMCA and Public Health colleagues to identify suitability against key criteria including:
- Room layout / sleeping arrangements
  - Availability
  - Value for money
  - Standard of accommodation
  - Health and safety
  - Accessibility
  - Location
  - Flexibility and ability to address divergent need where needed
  - The suitability of premises to support 'Covid Compliant' environments

3.20 Whilst self-contained and shared facility accommodation (such as HMOs) are preferable, some shared sleeping settings may be necessary. This is acceptable if the Local Authority works in partnership with Public Health guidance and local colleagues to establish safe arrangements for infection control.

3.21 **Liaison with professionals and services:** The ABEN service will build close working relationships with a variety of key partners to the benefit of clients. The staff will endeavor to make sure that communication is characterised by:

- Honesty
- Promptness
- Respect
- Realism
- Optimism and good faith.

3.22 **Joint working:** trust, respect and flexibility between agencies must be expected to maximise opportunities for clients and to make best use of scarce resources. It is thus expected that the ABEN staff should model excellent communication in keeping individuals and colleagues informed about decision-making, opportunities, changes and risk, and that this is reciprocated by referring agencies and other staff.

3.23 **Communications:** Local Authorities should have their own Communications Plan setting out the process that they will undertake to communicate ABEN programme information in their locality. GM wide, generic, service information will be shared by GMCA Communications Team in consultation with Local Authority communications teams.

3.24 Service providers should direct all media enquiries to their Local Authorities who will liaise with their own press office and the designated GMCA officers in respect of the media. Any issues of media interest or concern will be communicated to the relevant stakeholders depending on the nature of the enquiry or in emergency services and will work positively with them to highlight the issue of homelessness.

## APPENDIX 4 PERFORMANCE MANAGEMENT

4.1 **Data and recording:** Data requirements in line with the referral document for ABEN will be recorded on the GM ABEN monitoring spreadsheet (TO BE RENEWED) in as near to real time as possible. Monitoring returns will be sent to the GMCA's designated officer/Huddle by Monday Mid-Day each week.

4.2 The **GM-Think** database is currently being developed to support ABEN as well as other rough sleeper initiatives. Local Authority Housing Option services and RSI Outreach teams will be given licenses to access GM-Think to record and monitor ABEN. For other services/providers to have access to GM-Think via access requests will need to be made to the GM-Think Steering Group for discussion. Access to GM-Think is limited only to those that work directly with rough sleepers.

- 4.3 Following stalled roll out, Local Authority leads will be invited to take part in GM-Think User Testing to ensure the system is fit for purpose. This will take place at the earliest opportunity and be followed by Information Governance consultation leading to sign off and roll out.
- 4.4 The effectiveness of the GM ABEN will be measured by a range of criteria and monitored by the GMCA, and their nominees. Throughout Phase 3 **Herriot Watt University** will carry out an ongoing evaluation of the service to provide iterative and longer term insights and support the continued development of Greater Manchester's approach to rough sleeper relief and reduction, of which ABEN makes up one part.
- 4.5 **Assurance Framework**  
An assurance framework will be produced as part of the Grant Agreement to Local Authorities, this will detail the means in which GMCA will monitor the fulfilment of this framework against the services being delivered and release payment.
- 4.6 Local Authorities will comply with reasonable requests for information from the GMCA and other key stakeholders in respect of the programme to help the appraisal, development and evaluation of services.

## **APPENDIX 5 INFORMATION MANAGEMENT**

- 5.1 Local Authorities and providers of ABEN will use their own Confidentiality and Privacy policies and will comply with best practice and the law to make sure that individuals are aware of the information that is held and give informed consent where necessary in regard to the sharing of information to enable access to services.
- 5.2 Individuals or their representatives have the right to see their personal files held by the Local Authority and their Service provider in accordance with the Data Protection Act 1998, the common law and other relevant national and international legislation including GDPR.

## **APPENDIX 6 FINANCE**

- 6.1 Payments will be allocated from the GMCA quarterly in arrears. Local Authorities will be aware of their quarterly grant claim as a proportion of their overall grant allocation. This will be supplemented with NRPF as needed.
- 6.2 The total allocation to a Local Authorities for delivering the GM ABEN service will be dependent on individual Local Authority delivery costs.
- 6.3 Funding will be set at a fixed rate, to allow certainty for Local Authorities in their onward commissioning and staffing arrangements. Local Authorities will still be required to submit expenditure reports with invoices each quarter to demonstrate actual spend against grant allocation.

## APPENDIX 7 Accommodation standards

Categories	Minimum Standards
<b>Opening Times</b>	People should be able to access the emergency accommodation 24hours a day if it is self-contained or within an HMO according to their occupancy agreement.*
	If the provision is shared sleeping accommodation (Night Shelter) it may be shut from 8am-7pm but alternative locations for people to be should be sought.
	People who are working should be able to negotiate to arrive after the usual closing time in the evening if this applies (Night Shelter).
<b>Respect</b>	People should be treated with respect and dignity by staff and volunteers at all times.
	Where security guards are used then they should be carefully selected and inducted to ensure that they are working within an ethos of respect and support.
<b>Safety</b>	As a priority staff should aim to create an environment where everyone feels safe and where issues regarding safety can be openly reported.
<b>Age Restrictions.</b>	No one under 18 should be allowed to stay in emergency accommodation that isn't specifically designed for this age group and referrals should be made to the Local Authority Children Services Team.
<b>Acceptable Behaviour &amp; Rules</b>	There should be a set of clear rules displayed clearly in each building which is being used as GM ABEN accommodation. These should be positive 'I will/I can' statements, as well as laying out activity that is not permitted.
	A written agreement should outline the code of conduct which people are expected to abide by. This should be explained to each person on their first night. The use of pictures, translation such as Google translate or translated materials should be used to help explain them to people with limited English.
	There should be clear and non-judgmental route for residents to lodge complaints or raise issues about the provision.
<b>Belongings</b>	If in shared sleeping arrangements (Night Shelter), a place for people to safely store a small amounts of belongings should be provided.
<b>Food/drinks</b>	There should be a dedicated, separate food preparation area where meals are prepared on site in line with Covid-Complaint guidance**
	Services should aim to provide hot food free of charge on some if not all nights of the week. If a hot meal cannot be provided on site, signposting options should be provided where people can access this during the evening and day.
	Snack facilities such as tea and toast should be made available at the accommodation in line with Covid-Complaint guidance**
<b>Toilets/washing facilities</b>	Dependent on location and capacity, there should be appropriate toilet and washing facilities available in line with health and safety requirements. Shower facilities are also highly recommended.
	Hygiene regimes in shared facilities should comply with Covid-Compliant guidance.
<b>Beds</b>	A bed/mattress should be provided for each person. This should be free from damage and stains and have impervious finish to facilitate cleaning.
	If provided, sheets should be laundered daily and bedding should be laundered regularly. Soiled bedding should be removed immediately.
	Beds should be separated by the maximum distance the accommodation allows or at least 2m to be Covid-Compliant.
	There should be separate sleeping areas for men, women and couples.
<b>Activities</b>	Where possible, a range of things should be provided for people to do such as games, books, access to the internet, TV/films etc. Consideration should be given to ensure that activities support Covid infection control.

<b>Safety Standards</b>	Accommodation should meet legal standards for accommodation for vulnerable people. Where the landlord is a LA or RP they will meet the standards of the Regulator/Charities Commission.
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\*Subject to professional guidance regarding benefits and liability impacts.

\*\*Where there is not current specific Covid-Compliant guidance on the above, we will seek to provide it by working with Public Health England and local leads to establish sensible best practise. We are also happy for good working practise that has been developed locally to be evidenced and approved by Directors of Public Health.

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## Infection Control for Shared Accommodation

### 1. Contacts

Michael Linnell is the single point of contact for Manchester and he can be contacted at: [michael.linnell17@icloud.com](mailto:michael.linnell17@icloud.com)

Public Health England Greater Manchester Health Protection Team at Public Health England: **0344 225 0562 (Option 3)**.

Admission/General Site Administration

As there is no national guidance on shared accommodation, Public Health England recommends the use of pre-admission checks and/or testing (when available) and providing temporary non-shared for COVID +ve or symptomatic.

**All suspected/confirmed cases should be isolated** in temporary non-shared accommodations room with their own bathroom for 14 days from onset of symptoms unless they require high intensity/critical care in a hospital.

In line with current national recommendations, you may wish to consider asking residents to wear cloth face coverings in communal areas – but social distancing should still apply and please note that there is insufficient evidence as to their efficacy at preventing COVID spread at this time.

A lower limit on the max. number of occupants staying in the shelter at any one time is recommended to facilitate social distancing

- As many service user/1:1 interactions to take place over the phone as possible
- Separately risk assess any staff and service users for vulnerabilities which mean they should be more stringent with social distancing and/or avoiding front line work etc.

**Source: Public Health England NW – Infection Control Team and Clinical Homeless Sector Plan (Note: this could not be approved by PHE but was agreed to be published by Pathway Healthcare for Homeless)**

### 2. Infection Control Lead

**Each site should have a person who is designated as an Infection Control contact**

- The contact is responsible for current infection prevention and control policies and procedures and that these are readily available and appropriate to the site and understood by all members of staff. The lead is responsible for:
  - Recording and reporting symptomatic guests and arranging for isolation/transport
  - Recording information on incidents/challenges and training/education of staff where needed.

- Ensuring 100% staff adherence rate with up-to-date infection prevention and control policies
- Nominating a COVID-19 co-ordinator per shift
- Deliver/reinforce staff and guest education on hand and respiratory hygiene
- Ensure adequate supplies – hygiene, tissues, soap, paper towels, cleaning materials
- Ensure adequate PPE is available – disposable gloves, aprons, fluid repellent
- face masks and eye protection
- Coordinating testing for staff/guests
- The Infection Control Lead should have access to advice on infection prevention and control from a suitably qualified individual. Queries can be submitted to:
  - Public Health England North West: [ICC.Northwest@phe.gov.uk](mailto:ICC.Northwest@phe.gov.uk) or [Darryl.Quantz@nhs.net](mailto:Darryl.Quantz@nhs.net)

**Source: Adapted from Care Home IC Guidance and discussed with PHE to confirm applicability.**

### 3. Social/Physical Distancing

**The primary approach to infection control is social distancing.** Staff should follow DH guidance:

- All persons should remain at least 2 metres (3 steps) apart at all times.
- The importance of social distancing should be explained, explored and emphasised to all individuals upon check in and repeated as often as necessary.
- Staff should model safe distancing for residents at all times.
- Adjustment on how people move around buildings and use the space within in should be made to ensure safe distancing is possible at all times. This is supported by use of floor marking to indicate safe distances.

### 4. Symptom Identification/Outbreak Reporting

Residents should be asked to self-report on a daily basis (or twice daily is possible) regarding any new symptoms of Covid-19:

- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)

Please note that Public Health England have advised that not all cases of COVID-19 will display pyrexia (raised body temperature), especially those with other health

conditions. It is a very non-specific symptom, and those with pyrexia could just as easily have a UTI as COVID-19. Taking temperatures (unless it is self-administered), is likely to increase the exposure of staff to infection rather than improve detection of cases. Therefore regular temperature monitoring is not recommended. However, where individual guests are self-reporting feeling hot, they could be supported to use the Tempa Dot ([Instruction Video](#)).

Whenever possible, symptom monitoring should be supported by health care staff (through regular interactions) or on-site visits from St John's Ambulance.

Any suspected symptoms of Covid-19 should be reported via 111 immediately and advice followed. If the individual is advised to self-isolate, this should be reported to the Central Allocation Team immediately for advice on appropriate accommodation and self-isolation support measures.

If 2 or more cases are suspected in one site, please contact the Public Health England Greater Manchester Health Protection Team at Public Health England: **0344 225 0562 (Option 3)**. They will be able to provide tailored advice specific to the situation.

*Source: Consultation with Public Health England NW Health Protection Team*

## 5. Personal Protective Equipment (PPE)

PHE NW has recommended following the PPE guidance available for Community and Other Settings ([Table 2](#) or [Table 4](#)) and highlights the definition of 'direct patient care' in these settings defined as:

**Patient contact is now defined as being within 2 metres (rather than within 1 metre) of a patient, which is more precautionary and is consistent with the distancing recommendations used elsewhere.**

Although it is not anticipated that staff onsite are providing direct care, the experience has been that social distancing is not possible and staff are working with a population with high needs in many cases. Further, sites have not been cohorted (to date) to Covid-19 symptomatic sites, so the approach should be to consider that all sites could have possible cases. As well, emerging evidence is showing that spread is also through asymptomatic cases so this is in line with this evidence.

Given these circumstances, the most applicable guidance in [Table 2](#) would be the scenario of "working in reception/communal area with possible or confirmed case(s) and unable to maintain 2 metres social distance" which recommends the use of Fluid-resistant (Type IIR) surgical mask for a sessional use. A session is defined as:

**A single session refers to a period of time where a worker is undertaking duties in a specific care setting/exposure environment. A session ends**

**when the worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.**

For any direct patient care within 2 metres, gloves and aprons will be made available to workers to use. These should be changed frequently to avoid spreading infection from person to person.

### **General Principles**

- Staff should be trained on donning and doffing PPE. PHE has recommended the following [training video](#). A visual guide is also [available](#).
- Staff should know what PPE they should wear for each setting and context
- Staff should have access to the PPE that protects them for the appropriate setting and context
- Hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE

## **6. Cleaning**

### **General Principles**

- The virus can survive on environmental surfaces – the amount of surviving virus reduces dramatically after 72 hours, but may last up to 9 days on hard surfaces
- The virus is easily inactivated on surfaces using bleach containing solutions (where appropriate) and standard detergents
- The virus is easily inactivated on hands by washing with soap, water and drying, or by using alcohol-based hand gels
- Frequent cleaning of touch sites, door handles, switches, hand rails etc. use of communal areas should be avoided as much as possible

### **Responsibility**

- Whilst hotel cleaning is contracted, workers might wish to regularly disinfect their own work stations and equipment.
- Cleaning is being contracted out but should still follow standards for [non-health care settings](#). Individual rooms should be thoroughly cleaned between residents following non healthcare cleaning guidance - including the use of broad spectrum disinfectant ie 1000ppm chlorine.
- PHE advises that guests be supported to clean their own during their stay and therefore staff only need to clean rooms when they are vacated (which would reduce the usage of PPE)
- All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.
- Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up

blood and body fluid spills, and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

## **7. Sharps Waste/Disposal**

- Use a sharps bin to dispose of used needles or sharps.
- For sharps managements and waste the situation is straightforward for those hotels located in Trafford and Bury with GMMH both issuing injecting equipment and responsible for waste collection.
- Further guidance is available [here](#).

## **8. New Residents**

- Normal care/social distancing would be applicable for *any new resident* unless people are symptomatic (which would be triaged as per the accommodation protocols developed (e.g., separate hotel, health care setting if needed, etc).

**Source: Admission and Care of Residents guidance and consultation with PHE NW.**

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