

# **GREATER MANCHESTER SECOND WAVE PREPAREDNESS PLAN TO SUPPORT AND PROTECT PEOPLE EXPERIENCING HOMELESSNESS**

## **STAKEHOLDER VERSION**

### **1.0 INTRODUCTION**

- 1.1. This Preparedness Plan lays out the Greater Manchester approach to the next wave of activity with Greater Manchester under Tier 3 restrictions. The plan helps communicate the approaches being taken and manage expectations for people experiencing homelessness at this time, and organisations supporting them.
- 1.2. Local variation is expected and necessary. Where the Plan establishes minimum expectations and standards these may be delivered in different ways depending on local organisation, resource and data.
- 1.3. This Plan has been developed with Local Authority Homelessness Leads, Greater Manchester public service leads across Public Health, Police, Probation, Substance Misuse, and in conjunction with the Greater Manchester Health and Homelessness Task Group, and the Greater Manchester Homelessness Action Network.

### **2.0 CHANGING CONDITIONS**

- 2.1. Greater Manchester's response to the 'first wave' of COVID-19 infection and subsequent 'Everyone In' directive from National Government has been robust and supported infection prevention and control for people experiencing homelessness.
- 2.2. Local Authorities homelessness and public health teams worked hand in hand with providers, VCSE partners, the GMCA, and a wide range of public services, to stand up a significant response that sought to provide the opportunity for people to self-isolate who were rough sleeping, in shared sleeping conditions, or at imminent risk of rough sleeping. This totalled over 2,000 placements into single room accommodation across the months March – June 2020. The existing cohort of people in temporary accommodation also saw a change in service delivery to remote support and prioritised contact.
- 2.3. The GM-wide Covid structures for the homelessness response culminated in the Strategic Co-ordinating Group and Tactical Co-ordinating Group, weekly Housing Needs Group meetings with all Local Authority Homelessness Leads, a Homelessness Cell for key public service bodies, and regular communications with the GM Homelessness Action Network. Whilst leadership and accountability sat squarely with Local Authorities, these emergency structures enabled clear sight across an interconnected system, sharing and discussion on actions and risks, joint liaison with national bodies, and mutual aid and collective action where necessary.

- 2.4. The 'move on' approach taken since June to reduce the use of commercial hotels, has expanded the temporary accommodation estate across both statutory and discretionary placements. Despite 318 people moving into settled accommodation from 'Everyone In' provision, many continue to be accommodated in temporary settings. The single room A Bed Every Night provision is accommodating 480 people, and ongoing 'Everyone In' provision a further 480. There are now 1,300 single households and 2,285 family households in statutory temporary accommodation across Greater Manchester (see Appendix 1). In all of these settings move on into settled accommodation is slow.
- 2.5. Much of the accommodation for singles is discretionary and whilst being supported by some emergency Government grant, it is funded in large part by Local Authorities with some investment from GMCA and regional partners (for ABEN). Government investment in non-statutory accommodation for people supported during lockdown is time limited until March 2021.
- 2.6. Despite a sharp decrease in street sleeping through the lockdown, down to 54 people in April, there are now currently 106 people known to be rough sleeping on any given night (September GM Count Data). Many of these are people with entrenched behaviours and complex vulnerabilities which means they struggle to cope in temporary accommodation settings and with reduced or remote support. A proportion are new to the streets. This is being tracked weekly by local outreach teams.
- 2.7. There is a now legal obligation to self-isolate for those who test positive or are identified as a contact. Local Authorities are working to enable access to accommodation that enables self-isolation support for anyone sleeping rough, whilst still meeting statutory homelessness duties and working within available resource and accommodation infrastructure. Night shelters are not deemed to be COVID-safe and cannot be used unless meeting strict PHE operating principles and local Public Health assessment.
- 2.8. The ability to identify people experiencing homelessness who have COVID-19 is also challenged. The universal offer through current Pillar 2 arrangements for community access to testing, particularly the reliance on online appointment booking and ordering of home testing kits, is unsuitable for some people who experience homelessness, and supported access to testing since March for this cohort has been mixed.
- 2.9. People currently street sleeping have a high likelihood of co-morbidities and many people are known to have multiple and complex needs. Existing support resourcing and models are not easily able to achieve stable accommodation outcomes.
- 2.10. Winter and severe weather exposure overlays the second wave of Covid-19 and meeting it will require unique risk management.
- 2.11. The Homelessness Prevention Trailblazer accommodation funding made available by Ministry of Justice for people released from prison without suitable accommodation has been wound up and will not be re-continued in its existing form.

- 2.12. The ongoing social and economic impacts of COVID-19 will see an increase in the number of people at risk of homelessness. The critical risk of eviction for people who are renting has been delayed by a 6 month eviction notice policy.
- 2.13. Cessation of accommodation for people in the asylum system is resuming (407 pending in GM), with households facing homelessness and requiring statutory or discretionary accommodation to avoid rough sleeping. Asylum placements into Greater Manchester are also set to rise.
- 2.14. Over the next six months, the NHS will be balancing getting services back on track and dealing with a backlog of demand as well as dealing with the usual winter pressures.
- 2.15. Over winter we might expect A&E to be operating social distancing measures and may be struggling with capacity which could have a knock-on to LAS conveyances. Pharmacies and primary care will also be under pressure servicing a backlog of demand, responding to seasonal winter demands, and delivering an increased vaccination programme. Mental health services are already stretched by the explosion in mental health need we have seen throughout this pandemic. Hospitals will need to maintain a rapid route to discharge to manage the capacity requirements for separation of COVID +ve and -ve patients as well as dealing with a backlog of demand.
- 2.16. Public health leaders may be concerned about testing capacity keeping up with demand in the event of a second surge. This will have implications for maintaining staffing levels if staff have to isolate whilst awaiting test results.
- 2.17. Across public and community services, workforce capacity and resilience is challenged on multiple fronts. There has been an unprecedented workforce effort from March 2020 and most services report that annual leave uptake has been low this year to date. Mental health sickness and stress is rising.
- 2.18. High infection rates lead to high numbers of people being put under self-isolation when identified as contacts, and parental responsibilities continue to be high with school classes following self-isolation 'bubble' policies. Both of these factors create ongoing fluctuations in workforce capacity.
- 2.19. Expectations from the March lockdown regarding a homelessness Covid response are high. Whilst this is right, the second wave response will look different because of the conditions listed above and the expectation of re-running the first wave response should be managed.
- 2.20. Moving into winter months, the two risks of Covid and severe weather exposure will need to be managed in a unique way. It is important to continue to identify the Covid response within homelessness services as led by public health outcomes over rehousing response.

### **3.0 GM RESPONSE TO SECOND SURGE**

#### **A) Emergency response structure**

- 3.1. The following core emergency structure will remain in place:
- Strategic Coordinating Group (weekly/as needed)
  - GM Homelessness Cell (bi-weekly/as needed)
  - GM Housing Needs Group (weekly)
- 3.2. The GM Health and Homelessness Task Group will provide ongoing support and advice on best practise approaches to homeless healthcare.
- 3.3. The GM Homelessness Action Network communications channel will be used to a further extent to provide generic updates and engage VCSE organisations in key messaging, guidance and asks for support. Work stream leads will be stood up again.
- 3.4. This structure enables speed and co-ordination in the ever changing policy and guidance environment of Covid-19 management.
- 3.5. The GM Homelessness Action Network communications channel will be used to a further extent to provide generic updates and engage VCSE organisations in key messaging, guidance and asks for support.
- 3.6. Non-emergency governance is now also back up and running in the form of the GM Homelessness Programme Board and GM HAN Advisory Board. Regular updates are provided at these meetings on Covid-19 response activity, and can be provided more regularly via email circulation.

## **B) Infection prevention and control - Test, Track and Trace**

- 3.7. Where access to a Covid test is not appropriate via Pillar 2 online booking, other options will be in place to ensure rapid access to testing for individuals displaying symptoms. A number of options are outlined below.
- Walk-through testing sites – utilising the flexibility demonstrated in providing testing access for front line NHS staff, walk up sites could be utilised to access testing without an appointment. This would require individuals being provided with a letter by the Local Authority, which would allow access to a walk-through test site in their locality.
  - Provision of home testing supplies – where additional testing supplies are available in localities, discretion could be applied to allow these to be available for use by people who are homeless. If appropriate, stocks could be given to local homelessness or temporary accommodation staff who can support people to use them.
  - Outreach (temporary accommodation) – Locality swabbing teams set up pathways into temporary accommodation, allowing staff to make referrals for an on-site test when someone becomes symptomatic.
  - Outreach (street engagement) – In areas with high rough sleeper numbers, locality swabbing teams working closely with teams that provide street outreach, to provide in-situ testing. This is a similar approach to that take by the 'Test and Treat' team in London.

- 3.8. Consequence management will be established in all localities for people to self-isolate in accommodation for people who are rough sleeping, regardless of statutory homelessness duty to accommodate. This also applies to people who are identified as contacts.
- 3.9. A similar set of working principles are being developed to set out an effective Track and Trace mechanism for this population. It will seek to outline approaches that enable identification of individuals who may not be easily contactable through established Track and Trace routes.

### **C) Infection Prevention and Control - Self-isolation**

- 3.10. People in temporary accommodation who test positive for Covid-19 or are identified as contacts will be supported to self-isolate in their existing or new accommodation.
- 3.11. People requiring support to isolate who are street sleeping will be provided with accommodation to do so.
- 3.12. Note that under Severe Weather Emergency Protocol, all people street sleeping will also be provided with accommodation when triggered. Every effort is being taken to meet the unique Covid and cold weather threat by providing targeted accommodation offers for people who are street sleeping and willing to come inside that does not wait for a Covid positive test result or cold weather trigger in line with the A Bed Every Night principles.
- 3.13. The requirement for an established Covid-Care setting to enable self-isolation will be kept under constant review, as in the first wave response.
- 3.14. Self-isolation support will encourage compliance and take a harm reduction approach to substance misuse that recognises dependency.
- 3.15. Food, welfare and distraction packs will be provided to those self-isolating.

### **D) Infection Prevention and Control - Making accommodation placements**

- 3.16. Access to accommodation for Covid infection prevention and control purposes will prioritise those most at risk of harm from infection and those at risk of transmitting the virus.
- 3.17. People who are extremely clinically vulnerable will fall within 'Priority Need' and are owed a duty of interim accommodation if homeless.
- 3.18. Placement into or between accommodation will be managed through screening processes that establish clinical vulnerability, current presence of symptoms, and contact tracing. This will inform accommodation placements and any infection prevention measures in place for transit.
- 3.19. This will be replicated by Prison and Probation services as a managed pathway into homelessness.
- 3.20. Where people test positive for Covid, this will be disclosed to the landlord/management/support agencies who are in contact with the individual to where necessary to ensure

consequence infection control measures are taken that protect the individual and others at risk of infection.

#### **E) Infection Prevention and Control - Accommodation standards**

- 3.21. Temporary accommodation procurement will be carried out by Local Authorities to meet statutory requirements and Covid infection prevention and control requirements, as set out in Government and PHE guidance.
- 3.22. Self-contained and single room accommodation will be provided possible to ensure adequate infection control measures can be put in place. This has been achieved for all existing A Bed Every Night accommodation.
- 3.23. Shared-air (night-shelter) provision is not Covid-safe, and risks infection spread amongst both residents and staff at an unacceptably high level. Night-shelters will not be opened unless there is deemed to be no other available accommodation to meet local demand under Severe Weather Emergency Protocol conditions. Whilst hotels and BnBs are available this course should not be taken.
- 3.24. All Greater Manchester Local Authorities will adhere to this and work collaboratively across boroughs to reduce the need for any shared air provisions.
- 3.25. Any existing night-shelter accommodation capacity that is not required by one locality will be considered for use in partnership with localities. Placement will only be made upon explicit agreement between boroughs and will require sign off from the receiving boroughs' Director of Public Health.
- 3.26. Remote support will be facilitated into all accommodation sites from key services including welfare, mental health, and substance misuse. This will be supported by continuation of the harm reduction principles as agreed by all commissioners and providers of substance misuse services. The coordination of these sites to maximise this resource is critical.

#### **F) Infection Prevention and Control - Ongoing street sleeping**

- 3.27. Outreach will continue with regular screening of individuals who do not have or do not want to accept accommodation offers.
- 3.28. Street sleeping humanitarian assistance will continue through lockdown situations – supported through continued opening of Covid-safe facilities.

#### **G) Workforce support**

- 3.29. A shared online training resource will be provided for all frontline teams to complete or refresh, including mental health first aid, safeguarding adults, harm reduction, and resilience at work.
- 3.30. The process for building workforce capacity through re-deployment and organisational coordination is being re-established.

- 3.31. There will be a continued emphasis on communicating regularly and receiving feedback from frontline teams.

APPENDIX 1

| Rough sleeping                               | Rough sleeper accommodation                                 | Statutory Temporary Accommodation               | Move on  |
|--|---|---|--|
| GM – 106<br>Single night<br>(September 2020) | Everyone In<br>(cont'd/legacy) –<br>480                     | Singles – 1,300<br><br>Up 40% from May<br>2020  | Housing First - 130  |
|  | ABEN – 480  | Families – 2,285<br><br>Up 20% from May<br>2020 | Social Housing (Jan-<br>March: 646 outcomes<br>from Relief Duty)       |
|  | Next Steps<br>Accommodation<br>Programme<br>additional – 60 |   | Private Rented Sector<br>– (Jan-March 209<br>from Relief Duty)         |
|  |   |   | Next Steps<br>Accommodation<br>Programme – 300<br>target by March 2020 |