



**Hampshire Thames Valley**  
Clinical Delivery and Networks

# Homelessness and Rough Sleeping webinar

Thursday 9<sup>th</sup> 2020



Currently working across the South East Region in response to Covid-19

## Agenda

11.00	Welcome	Olivia Falgyrac-Jones
11.10	Introduction: setting the scene and context	Lucy Baker
11.15	Brighton and Hove Case Study	Emily Ashmore and Tim Worthley
11.45	Transition Framework	Emma Seria-Walker
11.50	Discussion	



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## Objectives for health:

- Every homeless person to have a health assessment
- Establish how to make every contact count for GP registration and health assessment – what would persuade all the potential contacts of homeless people to signpost to every homeless person
- To share information on good practice – avoiding re-inventing wheels
- To support people who are supporting multiply-disadvantaged people



# Setting the scene and context – Ministry of Housing, Communities and Local Government



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# Brighton & Hove - Multi-agency approach to COVID-19 and homelessness

July 2020



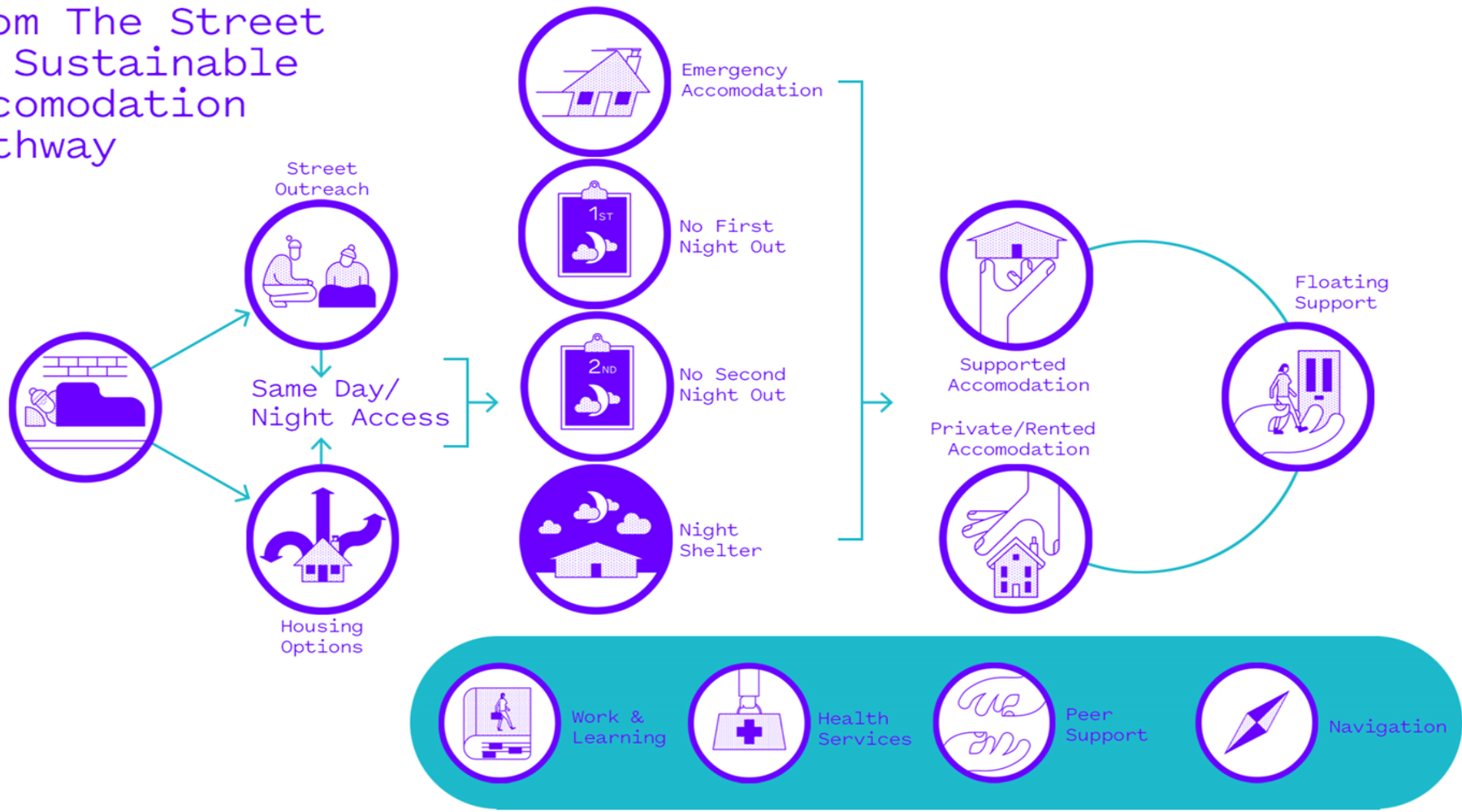
## Rough Sleeping in Brighton & Hove – Demand for ‘Everyone’s In’

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- Brighton & Hove consistently has high numbers of people rough sleeping in the city.
- In March 2020 there were 120 people known to be rough sleeping, an additional 30 people attending day centres who stated they were rough sleeping but had not been found by street outreach, and 52 people in shared sleeping space accommodation
- In addition there was a predicted demand of 103 people based on flow of 5 people a week for 12 weeks (half of normal flow) and 40 additional people from dormitory style private accommodation (e.g. backpackers)
- Between March 2020 and June 2020 over 400 people were offered accommodation in Care & Protect or other accommodation. 280 of these were verified rough sleepers.

**Arch.**

# From The Street To Sustainable Accommodation Pathway



## Covid Response – working collaboratively to meet the needs of our population

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### Early Action Enabled Rapid Responses

- Early decision by BHCC to accommodate all rough sleepers and move people in shared sleep space accommodation (20 March)
- Rapid Acquisition of additional accommodation by BHCC Housing department
- Early engagement with health partners and third sector commissioned services including initial work on triaging and cohorting
- Early establishment of a Public Health led multi-agency meeting to lead the response

**Arch.**

## Levers and barriers in rapidly establishing a multi agency response?

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Levers	Barriers
Positive and honest pre-existing relationships	Culture and Knowledge Gap
Shared Values and Ambitions	Accommodation Availability and Cost
Public Health & Health Lead	Finance
Political support	Staff numbers
Clear Guidance	
New Strategy	

**Arch.**



## What we offered to get 'Everyone In'

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- **A Brighton specific protocol for the Treatment and Care of Homeless People**
- **A care hub – self contained en suite rooms, 24 hour staffing, including medical in reach every day from Arch, SCFT Nursing Team, SMS and MHHT, staffing by specialist staff from St Mungo's**
- **Three Protect Services – 1. MCN/high need clients, 2. ECV and high risk of harm clients, 3. low risk of harm clients**
- **Three meals a day**
- **Personalisation funding and peer befriending**



# HUB & SPOKE MODEL



\*Fortnightly meeting coordinating health interventions hosted by Arch

# Applicability – what might work for you?

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- **Relationships**
- **Leaders**
- **Joint working**
- **Shared Vision**
- **Data**



# Who are we working with?

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Assessed Health & Support Needs:	% of clients in the Care & Protect Model:
Extremely Clinically Vulnerable to Covid-19 with no support needs	<1%
Extremely Clinically Vulnerable to Covid -19 and Support Needs	7%
Significant Underlying Health Needs with no support needs	8%
Significant Underlying Health Needs and Support Needs	18%
Support Needs (no health needs)	42%



# Next Steps – Transition Planning

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## Health

Care Hub

Infection Control Lead and embedding change

Mental Health Homeless Team

Primary Care – Arch



## Next Steps – Transition Planning

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### **Housing, Support and Winter Planning**

Decant of shortlife properties

Move on planning

Re-modelling of congregate models

Embedding infection control in services

Severe Weather Planning



# Next Steps – Recovery Planning

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## Future Plans

- Increased Housing First
- Flipping the Supported Housing Model

## Dependent on Funding

- Dual Diagnosis Rehab Service
- Combined Hub – Health, & Support Services
- Increased access to housing and support



# What went well and what we'd do differently

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Went Well	We'd change this
Joint working	Include experts by experience
Strategic Health and Public Health Lead	Include the VCS in strategic planning
Redeployment of staff	Introduce the Infection Control Lead earlier
Health, MH, and Substance Misuse Engagement	Start move on planning earlier
Trauma Informed Support	



# Next Steps Transition Framework



Protecting and improving the nation's health

**Draft South East Framework to Support COVID-19  
Transition Planning for Multiple Exclusion  
Homelessness**



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# Feedback/Suggestions for future webinar topics – please answer in chat box

- Winter planning – 23<sup>rd</sup> July 2020
- More case studies from different areas?
- Hot weather planning?
- Outbreak/infection control?
- Next steps/moving on?
- Any other suggestions? Please e-mail: [nicholas.hanson-james@nhs.net](mailto:nicholas.hanson-james@nhs.net)

