Understanding the COVID-19 response to support homeless people in Lancashire and South Cumbria

July 2020

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1.0 Executive summary

Partners in Lancashire and South Cumbria have worked together to agree and action the local response to national guidance issued in March 2020 regarding the urgent need to safeguard homeless people[1] from COVID-19. This paper summarises the actions taken place and makes recommendations to sustain services and support for this group of people in our communities.

Homelessness is not just a lack of somewhere to live; often people who have become homeless face multiple disadvantage due a combination of issues.

> "People facing multiple disadvantage experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives."
>
> - Making Every Adult Matter (MEAM)

[1] References to homeless people throughout this document include rough sleepers and those at risk of rough sleeping.

In March 2020, NHS England and Improvement and Public Health England recommended an approach to triaging, assessing and accommodating homeless people. In response to this, multi-disciplinary teams of colleagues from across housing, social care, health, other public sector and voluntary, community, social enterprise and faith sector organisations have worked together in multi-disciplinary and multi-agency teams in each locality of Lancashire and South Cumbria. Their actions and learning has been fed into a Homeless sub-cell of the Lancashire Local Resilience Forum (LRF), with close connections made to Cumbria LRF structures through Morecambe Bay colleagues.

Two main issues needed to be addressed at the start of the pandemic: housing support and healthcare support. National guidance recommended triaging homeless people into three cohorts:

- **COVID Care** (symptomatic and need to be cared in separate housing facility)
- **COVID Protect** (asymptomatic but high risk models)
- Asymptomatic low risk group

Initial action was taken at a district/unitary authority level to bring homeless people off the streets and into temporary or emergency accommodation, working with local authority housing, health and other partners from each Integrated Care Partnership (ICP) area to strengthen links across agencies to provide a holistic approach to identifying the needs of individuals, tackling issues and providing a range of targeted support.

Our current estimate is that to date **more than 1,472 homeless people have been accommodated** across Lancashire and South Cumbria and **more than 374 health assessments** have taken place.

The response to COVID-19 has seen closer working between partners in local areas and across Lancashire and South Cumbria at pace, with excellent examples of effective multi-disciplinary teams working and there is a strong desire to continue to build on this.

There is a clear desire to start to develop a consistent approach to outreach – from mental health and addiction support, dental and optometry to fire safety and multi-agency responses to anti-social behaviour.

> "By developing effective networks and services, people experiencing multiple disadvantage can be supported to improve their lives, which in turn will result in healthier and more fulfilled individuals, more effective communities and a reduced cost to public services."
> - Fulfilling Lives

Additional allocations of government funding have been used to support the multi-agency response. As these are not confirmed recurrently, the ICS partners will need to work together to identify medium to long term solutions to address homelessness in Lancashire and South Cumbria and develop a sustainable model to continue to address some of the

most urgent local health inequalities by tackling the housing, health and social needs and ongoing targeted support of residents who become homeless.

The Homeless sub-cell endorses a move to long term sustainable accommodation, with support that reduces the revolving door of repeat homelessness and works upstream to prevent homelessness in the first place.

"Partnership working has come into its own through this work. Although some individuals have not responded, the majority have grasped this opportunity by the horns and they have thrived, making real inroads into a transformation that is seeing them reducing and even coming out of addiction, some have now got relationships with their families for the first time in many years. They look and feel healthier too. Everything possible needs to be done to ensure that the support to these and future vulnerable individuals is there and available if we are to have any hope of breaking the cycle that they find themselves in."

- Housing Needs Officer, Pennine Lancashire

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2.0 Background: the national context

On 26 March 2020, in a letter from Luke Hall MP, Ministry of Housing, Communities and Local Government (MHCLG) to local authority leaders, the Government provided guidance on the joint responsibility to safeguard as many homeless people as possible from COVID-19. This followed on from the Prime Minister's announcement on 23 March 2020 that the public should be staying in their homes wherever possible, making it imperative that rough sleepers and other vulnerable homeless people were supported into appropriate accommodation.

The aims were described as follows:

> "Our strategy must be to bring in those on the streets to protect their health and stop wider transmission, particularly in hot spot areas, and those in assessment centres and shelters that are unable to comply with social distancing advice. This approach aims to reduce the impact of COVID-19 on people facing homelessness and ultimately on preventing deaths during this public health emergency."

Given the nature of the emergency, the priority was to ensure that the NHS and medical services were able to cope. The basic principles outlined were to:

- focus on people who are, or are at risk of, sleeping rough, and those who are in accommodation where it is difficult to self-isolate, such as shelters and assessment centres
- make sure that these people have access to the facilities that enable them to adhere to public health guidance on hygiene or isolation, ideally single room facilities
- utilise alternative powers and funding to assist those with no recourse to public funds who require shelter and other forms of support due to the COVID-19 pandemic

- mitigate their own risk of infection, and transmission to others, by ensuring they are able to self-isolate as appropriate in line with public health guidance.

The following programme of actions was recommended:

1. Convening a local coordination cell to plan and manage the response to COVID and homelessness involving the local authority (housing, social care and public health) and local NHS partners together. This would then report in to wider local COVID structures.
2. Seeking to stop homeless people from congregating in facilities such as day centres and street encampments where there is a higher risk of transmission.
3. Urgently procuring accommodation for people on the streets if not already actioned.
4. Triaging people where possible into three cohorts driven by medical advice:
    a. **The symptomatic group**: people with a new persistent dry cough and fever / temperature over 37.8 degrees centigrade. This group was to be placed in **COVID care** sites.
    b. **The asymptomatic high clinical risk group**: people who are eligible for the flu vaccination and those who are extremely vulnerable. This group was to be placed in **COVID protect** sites.
    c. **The asymptomatic and low risk group**: people not included in either of the groups above. This group was to be housed using current service provisions or to be placed in accommodation to meet current guidance on self-isolation.
5. Getting the social care basics such as food, and clinician care to people who need it in the self-contained accommodation.
6. If possible, separating people who have significant drug and alcohol needs from those who do not.

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3.0 Lancashire and South Cumbria response coordination

Partners across Lancashire and South Cumbria's health and care system were involved in the COVID-19 homeless response to ensure a co-ordinated and planned delivery including:

- **Local authority** – for leading on securing and funding accommodation, local authority public health, including commissioned drug and alcohol treatment services, social care and support
- **NHS** – for commissioning and provision of primary care, community services, urgent and emergency care, hospital discharge and mental health
- **Voluntary, community, faith and social enterprise sector** – providing shelters, hostels, outreach support and food banks
- **Other public sector organisations** – for support in their specialist areas such as Police, Fire and Rescue Service.

Local homeless response cells were implemented at an ICP level:

- Central Lancashire
- Fylde Coast

- Morecambe Bay (due to the cross-county boundaries, sub-cells were set up for Lancaster and South Cumbria)
- Pennine Lancashire
- West Lancashire.

Each cell then fed into the Lancashire and South Cumbria Integrated Care System and Lancashire Resilience Forum (LRF) Humanitarian Assistance cell on a regular basis through the ICS Executive Director of Commissioning and Director of Public Health for Blackpool Council.

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4.0 Summary of local response cell activity

4.1 Central Lancashire

Council	Total number of homeless people accommodated
Chorley Council	48
Preston City Council	108
South Ribble Borough Council	49
Overall total number of people accommodated in Central Lancashire	**205**
Total number of health assessments carried out in Central Lancashire	**76**

Within Central Lancashire the three borough councils (Chorley, South Ribble and Preston) jointly commissioned 42 hotel rooms in a central location, each council also commissioned additional hotel rooms and private properties in order to home their respective homeless population.

The sites chosen had en-suite facilities, which allowed the rooms to provide a COVID Care or COVID Protect function, depending on requirements. Mechanisms to ensure food was available were quickly arranged with regular meal drop-offs and self-service facilities being installed. Councils also worked collaboratively with the local police to arrange drop ins to reinforce positive behaviour and challenge negative behaviour around social distancing, in some cases security firms have been engaged to further support this.

A discharge pathway was developed with Lancashire Teaching Hospitals NHS Foundation Trust to enable timely hospital discharge. Transport between COVID Protect and COVID Care accommodation was agreed with a private ambulance. A testing pathway has been agreed with Lancashire and South Cumbria NHS Foundation Trust (LSCFT).

A Central Lancashire Cell was established, meeting weekly with a shared action plan, terms of reference and risk log. Representation on the cell includes:

- Chorley and South Ribble and Greater Preston Clinical Commissioning Groups (CCGs)
- Lancashire and South Cumbria NHS Foundation Trust (LSCFT) – community and mental health services
- Lancashire County Council
- Chorley Borough Council
- South Ribble Borough Council
- Preston Borough Council
- The Foxton Centre
- Change Grow Live (CGL)
- The Hepatitis C Trust
- National Probation service.

As a result of this steering group, twice weekly MDTs have been set up and a health triage has been offered to every homeless person in Central Lancashire.

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4.2 Fylde Coast

Council	Total number of homeless people accommodated
Blackpool Council	489
Fylde Council	34
Wyre Council	133
Overall total number of people accommodated in Fylde Coast	**656**
Total number of health assessments carried out in Fylde Coast	**70**

The Fylde Coast Integrated Care Partnership (ICP) implemented a local Homeless Health Response cell to include partners from:

- Fylde Coast Clinical Commissioning Groups (CCGs)
- Blackpool Borough Council
- The Ashley Foundation
- Blackpool Teaching Hospitals NHS Foundation Trust
- Lancashire and South Cumbria NHS Foundation Trust
- Lancashire County Council
- Fylde Borough Council
- Wyre Borough Council
- Fylde Coast Medical Services
- Substance Misuse Services
- Mental Health Services
- Her Majesty's Prison, Probation Service
- Police and Fire Services

Terms of reference were developed for the group, interlinking with smaller, time limited task and finish groups, created to allow partners to focus on specific pieces of work. Multi-disciplinary teams (MDTs) were set up.

Since 9 April 2020, this local response cell has been coordinated jointly by the CCG and Blackpool Borough Council. The local response cell initially met daily and currently meets as required (usually twice a week), with a focus on ensuring COVID-19 Care provision is in place and remains effective. An agreement was reached with all partners to develop one COVID-19 Care provision for the Fylde Coast ICP footprint, in order to maximise the effectiveness of resource and provide the highest quality service.

COVID Protect accommodation was provided in self-contained dispersed units and bespoke COVID Care provision was set up with on-site nursing support. Please see appendix for further information.

Video case study

Watch That's TV Lancashire's film about the homeless response in Blackpool.

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4.3 Morecambe Bay

Council	Total number of homeless people accommodated
Barrow-in-Furness Borough Council	72
Lancaster City Council	95
South Lakeland District Council	29
Overall total number of people accommodated in Morecambe Bay	**196**
Total number of health assessments carried out in Morecambe Bay	**152**

The Morecambe Bay Integrated Care Partnership (ICP) established two local homeless cells, covering Lancaster and South Cumbria, which are now evolving into homeless health and wellbeing groups to continue to tackle the far-reaching and long-lasting implications of the population's health, wellbeing and economic future.

The purpose of the homeless health and wellbeing groups is:

- To coordinate a multi-agency response to COVID-19 and the longer term health consequences of the pandemic for people who are rough sleeping, homeless or temporarily housed across the district, bringing local authority (housing, social care and public health), local NHS partners and the criminal justice service together.
- To focus on the health of the homeless population, recognising that other groups, for example the Homeless Advisory Group and Homelessness Forum, are working on the wider housing, economic and welfare issues.

Key tasks include:

1. To mobilise multi-agency systems and support for people in temporary accommodation to optimise the health of people who are homeless and rough-sleeping during COVID-19.
2. To develop shared multi-agency approaches to addressing the health needs of people who are homeless and temporarily accommodated in the aftermath of COVID-19 and in the longer term.

The core principles of the group are to:

1. Ensure a focus on immediate and long-term outcomes for homeless people and the wider community
2. Seek to overcome organisational barriers to develop effective approaches
3. Use networks and levers in the various constituent organisations
4. Encourage and facilitate the development of systems and processes that enable person-centred, creative approaches
5. Collaborate with Homeless Health Groups in other districts of Morecambe Bay, Lancashire and Cumbria where there is added value in working together on a larger geographical footprint

6. Raise awareness of the needs of this population and highlight gaps, barriers and challenges
7. Acknowledge that this work is long term, aim to support each other, celebrate successes and learn from experience and good practice
8. Listen to and learn from people with lived experience

The groups are accountable to the local health and wellbeing partnerships and feed into homelessness forums as appropriate. The groups are also the local fora responsible for feeding into and responding to requests from the Lancashire COVID-19 Homeless Cell regarding health issues.

Membership of the groups includes core members who are sufficiently placed in their organisation to be able to access advice and resources and make decisions. Membership reflects the complex health and wellbeing needs of homeless people and rough sleepers across the local area, and includes representatives from housing, NHS, community services, substance misuse services and public health. Housing colleagues will aim to ensure there is at least one representative with lived experience.

Lancaster	**South Cumbria**
Community Rehabilitation Company (CRC)	Barrow-in-Furness Borough Council
Inspire	Cumbria County Council
Lancashire County Council	South Lakeland District Council
Lancashire and South Cumbria NHS Foundation Trust (LSCFT)	Copeland District Council
Lancaster City Council	Craven District Council - TBC
Morecambe Bay Clinical Commissioning Group (MBCCG)	Lancashire and South Cumbria NHS Foundation Trust (LSCFT)
National Probation Service (NPS)	Morecambe Bay Clinical Commissioning Group (MBCCG)
University Hospitals of Morecambe Bay Trust (UMHBT)	National Probation Service (NPS)
At least one member with lived experience	University Hospitals of Morecambe Bay Trust (UMHBT)
Members from other organisations as required (e.g. ELHT, Lancashire and South Cumbria Integrated Care System, Hepatitis C Trust, NHS England / Improvement, Public Health England etc.)	At least one member with lived experience
	Members from other organisations as required (e.g. Lancashire and South Cumbria Integrated Care System, Hepatitis C Trust, NHS England / Improvement, Public Health England etc.)

Work on the ground in Morecambe Bay has been carried out in multi-disciplinary teams, based on the established Integrated Care Communities (ICCs).

Case study - Male late 40s, Kendal, Morecambe Bay

Contact established quickly, immediate needs met included:

- Getting registered with a GP as soon as possible, as he had run out of medication for his depression (previous suicide attempt so really important to have his medication). Appointment made with GP for the following day.
- Patient had no food and no money to buy food, referral to food bank and food share made immediately. Food package delivered next day.

Longer term needs included:

- Housing, signposted to Manna House for housing support.
- Benefits, signposted to Citizens Advice Bureaux for help.
- Problems with his teeth, signposted to emergency dentist.
- Literacy issues, no services available at present to help.
- Emotional support provided around homelessness and the reasons it happened, upcoming court case regarding domestic abuse incident, previous suicide attempt, breakdown of marriage.

Now housed in supported accommodation while he waits for more secure housing.

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4.4 Pennine Lancashire

Council	Total number of homeless people accommodated
Blackburn with Darwen Borough Council	185
Burnley Borough Council	61
Hyndburn Borough Council	32
Pendle Borough Council	51
Ribble Valley Borough Council	11
Rossendale Borough Council	27
Overall total number of people accommodated in Pennine Lancashire	**367**
Total number of health assessments carried out in Pennine Lancashire	**76**

Accommodation provision in Pennine Lancashire has varied by district (see section 7.4 below for a detailed breakdown).

Although a range of support was already in place locally, the aim was to create an outreach model from community services to avoid significant mortality and spread while addressing the health needs of this vulnerable cohort. Pennine Lancashire ICP committed to providing an enhanced, proactive health provision to homeless people residing in COVID Care and COVID Protect accommodation in line with the best practice model across Blackpool and Central Lancashire.

A range of options were explored and it was agreed that the health offer for Pennine Lancashire would be provided by utilising the Integrated Neighbourhood Team (INT) provision already in place. The offer would include a review of everyone on the homeless list; undertaking a holistic Health Needs Assessment and signposting or initiating an intervention as per individual need.

When the enhanced health offer was mobilised, there was a variation in the way that each area approached the review and holistic health assessment which was dictated by resources available across the system:

- Across East Lancashire, the review was initiated via the INT teams and holistic health assessment undertaken by the INT Coordinators and teams which are health led.
- In Blackburn with Darwen, a Band 6 Registered General Nurse (RGN) who was shielding was secured to be dedicated to this project for a limited time period in order to provide the initial review and health assessment and provide additional capacity to the INTs. In Blackburn with Darwen, INT Coordinators are not health led and therefore this was a welcome additional resource from a clinical perspective.

When homeless lists were received from housing colleagues and a multi-disciplinary team approach to contacting, reviewing and providing support to people was initiated, the total number of homeless people requiring review increased significantly across the East Lancashire area. Initially East Lancashire had 28 people requiring review, however this increased over the first few weeks to be 82 and in Blackburn with Darwen numbers reduced slightly from 70 to 56 providing a total number of 138. Of the 138 listed, successful contact and reviews were undertaken with 93 people. 18 people have moved out of COVID-19 accommodation and 27 people have been uncontactable despite the best efforts across all partners to make contact. Out of the 93 homeless people reviewed, a total of **76 holistic health assessments** have been undertaken, as 17 people declined the offer of support (figures correct as of 10 July 2020).

Video case study: Daniel's story

Having true multi-agency and heath multi-disciplinary teams are making a real difference and enabling better outcomes for local people. Hear what a difference getting support has meant to Daniel, aged 23 from Blackburn with Darwen.

Watch Daniel's video

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4.5 West Lancashire

Council	Total number of homeless people accommodated
West Lancashire Borough Council	48
Overall total number of people accommodated in West Lancashire	**48**
Total number of health assessments carried out in West Lancashire	**0**[2]

[2] The majority of homeless cases in West Lancashire were housed in temporary accommodation out of borough, creating significant challenges in accessing those health services that could be identified through health / holistic needs assessment. As the homeless population moves back into West Lancashire, this is the next stage to define the health offer. Work has been undertaken to identify access to services should they require clinical support in managing a health condition and registration with a local GP. Support has been coordinated through relevant agencies where there are issues identified with substance misuse, mental health and the response as part of the established MDTs.

Prior to the COVID-19 pandemic, West Lancashire Borough Council's temporary accommodation provision consisted of a fixed number of self-contained bedsits and flats all located within the Skelmersdale area of the borough. The Council is fortunate in that it has never had to use hostel, hotel or Bed and Breakfast accommodation.

It was clear in late March that this provision would not be sufficient to meet demand due to the pandemic, therefore, additional temporary accommodation in the form of hotel rooms was procured to ensure that anyone rough sleeping or at risk of rough sleeping could be offered somewhere safe to stay. This hotel provision had to be out of borough due to the closure of the local hotels (in Wigan, Liverpool and St Helens).

West Lancashire Borough Council's homeless service has also continued to provide advice and assistance to those residents concerned about becoming homeless and prevention activities have continued.

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5.0 Long term plans and options for the future

Homelessness is not just about housing or bricks and mortar – it is about people and their health and social needs. The wrap around support that has been developed due to partners working as multi-disciplinary teams has made it possible to see and address the multiple needs of individuals, putting them at the centre, with services wrapped around them.

A key success of the COVID-19 response has been the speed at which local partnerships have been established or built on to come together as multi-disciplinary teams to respond to the housing, health and social care needs of the homeless and rough sleeper cohort. There is an ongoing commitment from the front line professionals to continue taking a combined housing and health-led approach to addressing all of the needs of the local homeless population, not just the need for short term accommodation.

It is only through working collectively together that the health and care system will truly be able to address the underlying issues, resulting in longer term stability, community integration and longer term healthier lives. Taking a common approach and sharing learnings has allowed processes and pathways – such as multi-disciplinary teams - to be embedded in a larger number of areas than might otherwise have been achieved, such as managing to secure speedy discharge for patients with complex multiple needs. It has helped engage different parts of the health and care system in different parts of the Lancashire and South Cumbria footprint, opening doors to encourage trying something new that has been tested in another area and building stronger relationships.

It is proposed that local plans should now be developed and implemented within ICP footprints, setting out a sustainable multi-agency offer that draws on the learning from the COVID-19 response, with the Homeless sub-cell continuing to link together at a Lancashire and South Cumbria level and feeding into the Lancashire Local Resilience Forum and Cumbria LRF structures to work with wider public sector colleagues. Integrated Care System colleagues will support with raising issues and putting asks into the system when required. In the following sections, a number of recommendations are outlined where there are benefits from taking a common, best practice approach across Lancashire and South Cumbria.

5.1 Providing housing interventions

There are practical requirements to identify step-down arrangements and longer-term accommodation options for people, including the re-opening of shelter-type accommodation and reallocating individuals from COVID Protect and Care properties to a standard housing offer outside of communal properties, which are still expected to be restricted. Analysis is needed of what the gaps are where tenancies cannot be provided. Decisions may be made based on priority need, based on available budget / funding opportunities.

The Homeless sub-cell endorses a move to long term sustainable accommodation, with support that reduces the revolving door of repeat homelessness and works upstream to prevent homelessness in the first place.

There are examples of best practice that could be extended and adopted for use in other areas, subject to funding:

The **Housing First model** provides intense support in the community to small caseloads (6-8) of the most complex cases of entrenched rough sleepers: people facing multiple disadvantage through a combination of issues such as mental ill-health, substance abuse and housing problems. The evidence base shows that this approach reduces cost across all public services, particularly health (in relation to A&E) and the police in terms of anti-social behaviour.

Tenancy or floating support: for people with low to medium needs, predominantly in the private rented sector. This helps keep people in accommodation and away from rough sleeping in the first place (upstream). A support worker would normally work with about 20-25 people, so this provides a good return on investment. Typical tasks include establishing the tenancy, sourcing furniture/white goods, setting up bill payments, claiming benefits etc. and linking into other services, including employment support. This was previously funded nationally by government through a scheme called “Supporting People” but that funding has gone and it only exists in pockets now.

ICPs need to understand to what extent these housing models can continue or be further developed in their area post COVID funding.

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5.2 Tackling health inequalities

The NHS Long Term Plan (NHS England and NHS Improvement, published January 2019) outlines expectations that major national programmes and every local area across England are required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years. The Long Term Plan also sets out specific action to reduce health inequalities, including provision of outreach services to people experiencing homelessness and highlights the following:

1. The number of people sleeping rough has been increasing in recent years.
2. People affected by homelessness die, on average, around 30 years earlier than the general population.
3. Support needs may be higher.

4. 31% of people affected by homelessness have complex needs, and additional financial, interpersonal and emotional needs that make engagement with mainstream services difficult.
5. 50% of people sleeping rough have mental health needs, but many parts of the country with large numbers of rough sleepers do not have specialist mental health support and access to mainstream services is challenging.

During the last twenty years there have been a number of studies to understand the challenges which drive poor health outcomes for homeless people. These challenges can be summarised as:

1. Maintaining good physical and mental health is not a priority for homeless people.
2. Exposure to communicable diseases within the homeless community is high.
3. Access to traditional healthcare services is usually via Emergency Departments, once the health issue has escalated. This is driven by point one above, and the challenges in accessing healthcare through traditional approaches due to:
    - Chaotic lifestyles as a result of substance abuse or mental health problems
    - Difficulty registering with a GP practice
    - Challenging behaviour
    - Negative views of healthcare due to previous experience.
4. Linked to all of the above; conditions that are treatable and/or manageable are impacting on and reducing the length of people's lives.

The impact of homelessness on the health of homeless people draws into clear focus the findings of the 2010 Marmot report[3] and its follow up 2020 review; that those who are most disadvantaged in society have the poorest health outcomes. Both reports, alongside Healthwatch research conducted in 2018[4] outline the need for a multi-disciplinary, multi-agency to approach to support homeless people, to address underlying risk factors to health, and provide physical and mental health treatment and support.

There is a clear national and regional emphasis now that health inequalities cannot widen further post COVID. Local authorities and health partners are going to need to take action to tackle inequalities decisively, and the needs of this vulnerable group are an obvious place to start.

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5.3 Developing a consistent health offer

The needs of our local populations vary area by area, but there are core elements of the health offer that are recommended for implementation across Lancashire and South Cumbria:

[3] Health Equality In England – The Marmot Report 10 Years On, page 115.

[4] Three common issues homeless people face when trying to access care: https://www.healthwatch.co.uk/news/2018-12-21/three-common-issues-homeless-people-face-when-trying-access-care

1. Continued floating multi-agency / health support, with rapid access to initial holistic needs assessment and provision of mental health, physical health and drug and alcohol support, to be put in place and accessed as soon as a tenancy is set up – ideally within a week; provision of additional support for people moving on to more settled accommodation; and developing a longer term enhanced offer of proactive support. With services delivered virtually as required / appropriate.
2. Continuing to develop the multi-disciplinary teams working at a local level, supported by work at both ICP and ICS level.
3. A consistent offer for mental health, substance misuse and smoking cessation support.
4. An inclusive model for promotion of healthy living / prevention and easier access to care, including testing out models for GP registration to find the most effective GP services for homeless people; encouraging take up of screening and immunisations (flu, COVID-19 and Hepatitis-C); other priority care such as wound management, dental and eye health support.

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5.4 Community of practice

Services were brought together quickly in response to COVID-19 and there is a desire to carry this way of working forward, making good practice business as usual to ensure the most vulnerable people don't fall between the cracks in the system and using the good understanding local teams have on population health and social need to target interventions where and how they are needed most.

The following actions are recommended:

- Continue to embed the multi-disciplinary team approach at local level, with representatives from housing, health and other partners continuing to meet on a regular basis and communicate to share learnings and good practice, build on the connections made during the initial COVID-19 response and tackle issues together as a community of practice at a Lancashire and South Cumbria level in order to develop longer term proactive, tailored support to homeless people.
- ICP teams to share plans to support the step down approach and to ensure the homeless cohort continue to be supported effectively during the COVID-19 pandemic (including PPE and testing) and beyond.
- Work collaboratively to further develop the Lancashire and South Cumbria wide approach to the health and wellbeing support offer for homeless people – including working with education / adult learning providers and VCFSE sector on training (including tenancy training, personal budgeting support and debt advice), volunteering and employment opportunities.
- There is an opportunity to explore the commissioning of a case management system that could be used by all partners across the ICS to improve information sharing and reduce duplication.
- Agreement of consistent, straightforward reporting metrics to monitor activity to support the local homeless population (cumulative number of homeless people supported into sustainable accommodation, number of health assessments completed).

- Further / ongoing evaluation of the work undertaken as the pandemic progresses.

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6.0 Next steps and timeline

- To present this paper to the ICS Board and Lancashire, Cumbria, Blackpool and Blackburn with Darwen Health and Wellbeing Boards between 1 August and 30 September 2020, depending on meeting schedules.
- To ask for Boards to endorse the work that has been undertaken in response to COVID-19.
- To ask for a costed implementation plan for each ICP, confirming the costs and benefits of locking in the changes achieved during the pandemic.
- To request that an update report is produced at the end of December 2020.

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