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Sent via email homelessness.accountability@communities.gov.uk

RCN response to Ministry of Housing Communities and Local Government. Tackling Homelessness together consultation.

This response provides a wider view and endorsement of the overall policy, rather than a response to individual questions.

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the focus in this consultation to improve local accountability for the delivery of homelessness services and a commitment to reducing all forms of homelessness and ending rough sleeping for all by 2027. The commitment to invest 1.2 billion funding over the next few years will be essential given the significant reductions in funding faced by local authorities. The RCN have previously called for the Government to commit to embedding a preventative approach to the health and public health remit for local governmentⁱ.

The impact on health of homelessness is inextricably linked and the health outcomes for those who are homeless are significantly worse than the general populationⁱⁱ. Nursing teams who work with those who are homeless struggle to support those on the streets or who have no access to permanent long term accommodation. Those who are homeless find it far more difficult to be able access health care and attend appointments and often present late with symptoms.

Homelessness is complex and the reasons why people find themselves in the situation is often as a result of multiple factors. The LGA have previously acknowledged the need for agencies to work together to tackle the issuesⁱⁱⁱ which would again support the recommendations in the consultation to have more joined up working arrangements at a local level.

It is unclear from our members how individual local arrangements are currently working, although there is a sense from anecdotal feedback that it is often fragmented and that there is variation across the country. There are examples of more joined up approaches and

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evidence of good collaboration and partnership working. The Croydon Home Office funded 'Homeless Health Team' operate 'the Rainbow clinic' and make it possible for the homeless to register with a GP and access NHS services for example a specialist midwife works in the clinic and sees homeless women, trafficked women, refugees and asylum seekers who have been accommodated in the Local Government hostel. The clinic offers GP and nursing services as well and refers into the acute provider in Croydon as necessary. There are also anecdotal reports where individuals feel they are unable to access the support they need unless they are homeless and putting in all mechanisms to stop people ending up on the streets is not a priority. It is essential that prevention of homelessness is core to any local strategy.

Homeless reduction boards in every area would seem a sensible approach to tackle this complex issue and provide an opportunity to pull all the relevant agencies and partners together. This can ensure solutions can be found and there is a strategic, joined-up approach to reducing homelessness. It would be good for the boards to have a locally agreed strategy and to be responsible for logistical issues, developing joint needs assessments and providing strategic vision, with all relevant agencies signed up to this. The boards should be developed in collaboration with housing associations and any significant charitable organisations as well as with the current Health and Wellbeing Boards, Safeguarding Children and Adult Boards, Community Safety Partnerships and developed alongside any current, Multi-Agency Public Protection Arrangements and Multi-Agency Risk Assessment Conferences.

The 'Duty to Refer' introduced in the Homeless reduction act 2018 is welcome but as the consultation acknowledges this could be strengthened with mandated local structures to help manage these referrals and what to offer individuals who are caught up in the cycle. Under the equalities and ways of supporting effective communication and partnership working; it is essential that the needs of vulnerable people are clear and explicit and included in the guidance. For example those with Learning Disabilities and or Autism and / or those who may display challenging behaviour arising as a result of the former are often at risk and end up being homeless. They need clear support measures to be in place. Included within this also needs to be people who have either left prison or ended up coming into prison. It will be important to make sure that probation workers and the police are involved as stakeholders. We know that people can often be 'accommodated 'in police cells when in fact they are vulnerable and homeless.

Overall the consultation appears very comprehensive. We welcome the commitment that the proposals give to supporting people who are homeless and supporting them to be able to access services. We have no specific comments on the detail of the consultation.

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RCN (2019): CONSULTATION RESPONSE: Funding and Provision of Local Authorities' Children's Services https://www.rcn.org.uk/about-us/policy-briefings/conr-9518 (accessed 12/04/2019)

^{II} RCN Homelessness resources part of the public health clinical resource https://www.rcn.org.uk/clinical-topics/public-health/inclusion-health-care/homelessness (accessed 12/04/2019)

iii LGA (2017) The impact of homelessness on health: a guide for local authorities The impact of homelessness on health: a guide for local authorities https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities (accessed 12/04/2019)