

## **Kerslake Commission evidence submission**

Enabling Assessment Service London (EASL)

### **1. Thinking about the response to rough sleeping during the pandemic, which measures, policies, practices or joint working do you think worked well and why?**

The overall acceptance that people who were living on the streets should be given a room and access to food and healthcare clearly worked well in most ways for most people. The extraordinary situation gave a clarity and immediacy to most tasks in the immediate term that engendered, generally, a high degree of pragmatic and humane cooperation between agencies and across sectors. EASL has focussed significantly since its inception on working with pan London projects (such as No Second Night Out - NSNO) and the change was very refreshing from our previous experience. This was the case with GP registration, and especially in our ability to quickly establish sensible new arrangements with statutory mental health services which reflected our different strengths. For example in the areas where there were Greater London Authority (GLA) hotels and (at that stage newly commissioned) Rough Sleepers Adult Mental Health Programme (RAMHP) services (linked to North East London NHS Foundation Trust (NELFT), East London NHS Foundation Trust (ELFT) and West London Foundation Trusts) where EASL became point of contact to accept initial referrals and triaged these, but with the RAMHPs following people who we identified as requiring secondary mental health (MH) care. In our own practice we established that the use of telephone based assessments could be effective in some circumstances, and were also sometimes preferred by the people who were being assessed. These processes of cooperation and planning were greatly supported by use of virtual platforms and with quickly established regular meetings, generally chaired by the GLA. The hotels used by the GLA, where our input was significantly focussed, were not ideal environments but were greatly preferable to the previous (pre pandemic) "assessment hub" model favoured by pan London services which involved shared sleeping spaces that, inevitably, many found difficult to manage. Our experience of the concierge/ reception staff was positive.

### **2. In contrast, which measures, policies, practices or joint working**

In the initial weeks of everyone in substance use services that were able to prescribe were relatively late to arrive and this caused some initial challenges. This was later effectively addressed. The siting of hotels in areas

**do you think have not worked well and why?**

without a significant level (or even history) of provision to people with complex needs clearly created some challenges. Our experience was that this was less the case in terms of accessing support around relatively immediate and overt issues and risks – however there were challenges in accessing more considered responses, for example Care Act Assessments. We felt that as an agency with particular experience in working across health commissioning boundaries with this client group we had more to contribute in early planning stages than was at first acknowledged and drawn on. The allocating of people into different cohorts based on Covid vulnerability was perhaps inevitable but did create challenges in accessing health interventions for people who still had very complex needs but who were not seen as Covid vulnerable. There was a clear challenge for residents and support staff in certain hotels closing and people then moved to new areas – that the dates when this was due to happen shifted a great deal added to the anxiety but also created real difficulties where people were needing to be followed up by secondary health services. There was a challenge in many of the hotels to access a private, safe and suitable location for assessments. EASL has been very aware of the difficulties and strain faced by many front line staff – whose work role and location changed many times often at relatively short notice over the course of the programme.

**3. Please describe the specific challenges, and opportunities, in the next phase of the Everyone In programme and helping people to move on from hotel accommodation.**

The EASL role (in supporting better outcomes for people with complex needs through the provision of assessment input and advice) has needed to adjust over the course of the programmes from initially focussing on immediate risks and containment of anxiety to focus instead on far more ongoing needs including for example daily living skills and supporting consideration of whether someone might have mental capacity to make specific decisions, for example around move on options. This has been challenging in the Covid hotel environment which is not a straight forward location to consider someone's needs and strengths in a different (for example self-contained) environment. We have also been aware that the levels of staffing and the physical environment again has made it difficult for support staff to develop the same level of rapport as they might in a hostel or day centre setting. There have also been many examples where local secondary mental health services (in the light of general demand and pressure) have not been able to prioritise considering someone's ongoing needs or challenges when in the

immediate term there haven't been concerns when provided with a room and food in a hotel.

**4. And finally, what do you think needs to be put in place to embed the good work that developed during the pandemic, or improve upon it?**

Anything to preserve shared sense of focus and priority that existed early in the process, especially in the way different agencies cooperated. This needs to be balanced with looking after front line staff – validating the pressure and difficulties they have been under – not assuming they have retained energy and morale. The broad success of Everybody In has in large part vindicated that a housing first approach can very often be successful and acceptable to people previously seen as “entrenched”. In the Covid hotel proper assessment and planning has been much more possible than would have been the case if people remained on the streets. There should be no going back to people sleeping on floor of shared space as first step into services. We are concerned that the involvement and level of participation in some of the pan London forums that were set up during the pandemic has diminished in recent weeks. There will remain an important role for pan London services for people who sleep rough and finding ways of maintaining engagement in these and not returning to too narrow a focus on more locally commissioned services would greatly reduce some of the benefits.