

## **Kerslake Commission evidence submission**

London Borough of Camden

**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 'Everyone In' initiative showed what could be achieved when government funding was provided to enable the homelessness sector to get the vast majority of rough sleepers off the streets as quickly as possible and into safe supported accommodation. There was unprecedented joint working between central and local government, registered providers and the voluntary and community sector, which meant that many rough sleepers who had previously refused offers of support and/or accommodation were successfully brought in and persuaded to engage with services, in some cases for the first time. One aspect of joint working that was particularly welcome and remarkably effective was the hugely increased involvement of health services. In Camden, the local authority procured the Britannia Hotel for use as a Covid protect service and transferred a team from one of its commissioned homelessness hostels to run it. Alongside this, the clinical commissioning group moved a team of hospital nurses who had been supporting hospital discharge and admission avoidance over the winter months into the hotel to form the core of a Multi-Disciplinary Team (MDT) to work with the residents there. The Britannia MDT operated from April-September 2020 and in that time delivered outstanding outcomes. Funding was secured to extend the nursing team operating from the hotel and provide additional GP sessions, and other professionals were very quickly brought in, including mental health, pharmacists, substance misuse, podiatry, dentistry, primary care, and a Hep C specialist. Having services onsite coupled with a captive audience due to lockdown provided us with a unique opportunity to treat people for conditions such as HIV and hepatitis, assess needs more widely, register people with GPs, treat people for addiction issues and provide the best opportunities to receive the right ongoing care. Each resident received a health passport upon discharge.

**2. In contrast, which measures, policies, practices or joint working do you think have not worked well and why?**

The messaging around the end of 'Everyone In' wasn't clear, especially when funding arrangements changed under the Protect Programme. The piecemeal approach to government funding led to uncertainty around whether or not to extend the use of emergency accommodation into 2021

and whether such extensions would be funded by the government. The period between bids being invited for Next Steps Accommodation Programme (NSAP) in July 2020 and allocations being announced (30th September 2020) was far too long in the context of a fast-changing pandemic environment, and this was compounded in London by the move on accommodation element of NSAP being delivered by the Greater London Authority (GLA) as the Rough Sleeper Accommodation Programme (RSAP). The announcement of allocations for RSAP did not come until 21st October, which left precious little time to actually commit those allocations before the formal deadline of 31st March 2021. Whilst the NSAP/RSAP funding was obviously welcome, there was a plethora of other smaller associated funding programmes (Protect, Protect Plus, Out of Hospital Care Programme, Drug & Alcohol Funding, RSI4) with little apparent co-ordination between them, which left local authorities and their strategic partners struggling to make coherent bids. The resources needed to make detailed applications and subsequently meet monitoring requirements were and continue to be enormous and a distraction from actually delivering the services. Finally, the refusal by government to provide a permanent solution to the issue of rough sleepers with no recourse to public funds (NRPF) has left many local authorities, including Camden, in no better position than we were before the pandemic and this feels like a real missed opportunity. Local authorities are being judicially reviewed as a result of the lack of clarity about Everyone In and responsibilities to homeless people with NRPF, e.g. the Brighton case.

**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.**

Sadly, in many respects the main challenge remains the same as it was before the pandemic, which is how we prevent people ending up sleeping on the street as a result of the massive shortage of affordable housing, a benefit system that does not stop people falling into poverty, and inadequate mental health and substance misuse services that have been impacted by a decade of funding cuts. The NSAP/RSAP funding of move on accommodation will, of course, help to some extent but the requirement for people to move on again from this accommodation after only two years risks pushing them back into homelessness and undoing the good work that will have been done with them in the meantime. A specific challenge, therefore, will be finding sustainable move on accommodation for those people after two years. There is a window of opportunity at the moment to build on the joint working that took place during the pandemic between homelessness and health services

in order to make changes to the wider homelessness system that will improve outcomes for rough sleepers and other single homeless people with support needs. In Camden, for example, we are determined to build on the lessons learned from the operation of the Britannia MDT and have committed to establishing a similar MDT to operate across all our Adult Pathway hostels and supported housing. There is a need, however, for a transformation of the wider homelessness system at both the local and national level, and Camden will be working with its partners over the next two years on a programme to deliver this at a borough level. The Ministry of Housing, Communities and Local Government (MHCLG) Changing Futures programme will be doing something similar in a small number of other local authority areas and we would urge government to scale this up to a national level.

**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?**

The government has an admirable ambition to end rough sleeping by 2024. This won't be achieved, however, unless structural issues are addressed that lead people out of desperation to sleep on the streets. In Camden's Homelessness and Rough Sleeping Strategy 2019-24, we point out that the problem with the government's current approach is that it continues to target homelessness as an acute rather than a chronic issue, and that what is needed is a national preventative intervention. Camden's Strategy identifies the following elements of such an intervention: giving local authorities sufficient funding and financing flexibilities to allow us to build new social rented homes; creating a functional and accessible private rented sector through the introduction of longer term tenancies, scrapping of 'no fault' evictions, and regulation of short-term lettings; reversing welfare benefit reforms that have drawn more people into poverty and left them unable to sustain their tenancies; removing barriers to assistance being provided to rough sleepers with NRPF. In addition, in light of the lessons we have learned from the response to rough sleeping during the pandemic, we would suggest that the following needs to be put in place to embed the good work that has developed over the last year: better co-ordinated government funding programmes that provide funding over longer periods than one year (three years minimum); national roll out of a government-funded Housing First programme to provide permanent social housing tenancies for rough sleepers with the most complex needs; national roll out of a government-

funded Changing Futures programme to deliver the system change that is needed across the wider homelessness system.