

Kerslake Commission evidence submission

START Homeless Outreach Services, South London and Maudsley NHS Foundation Trust

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?

Regular planning meetings with all relevant parties e.g. clinical commissioning group (CCG)/ adult social care (ASC)/ third sector/ Greater London Authority (GLA) bespoke hotels with support staff.

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

Expecting existing services to provide specialist care to the new large scale projects above their usual work: overstressing services with no additional resources created burn out and risk; moving clients across London; problems providing local services or gathering history which caused risk; no proper assessment of clients by CHORUS, etc.: led to risky individuals being admitted to local psychiatric wards with no ability to then move them on (often no recourse to public funds [NRPF] or no local connections)

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 Enabling Assessment Service London (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 have not 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.