Committee:	Dated:
Homelessness and Rough Sleeping Sub-Committee	01/12/2020
Subject: Mental Health and Rough Sleeping	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Andrew Carter, Director of Community and Children's Services	**For Information**
Report author: Kirsty Lowe, Rough Sleeping Service Manager, Department of Community and Children's Services	

Summary

This report presents the mental health support needs of the City of London's (CoL's) rough sleeping community and how the Rough Sleeping and Mental Health Programme (RAMHP) has already made significant improvements to the health and wellbeing of CoL rough sleepers.

The RAMHP works closely with the CoL Outreach team, supporting a personalised response to rough sleepers with the aim to increase the number of individuals engaged with health and wellbeing services.

Recommendation

The Committee is asked to note the report.

Main Report

Background

1. Mental health is the most prevalent support need among CoL rough sleepers and has been the highest recorded support need over the past five years. The Combined Homelessness and Information Network (CHAIN) Annual Reports from 2015–2020 show a consistent number of CoL rough sleepers who have been assessed by homelessness services as having a mental health support need, averaging 56%. This percentage is a mix of known mental health diagnosis, self-disclosure and worker's assessment of someone's needs.

2. In 2019/20, 55% of rough sleepers were recorded as having a mental health support need. Further to this, 45% of assessed CoL rough sleepers in 2019/20 were identified as having both substance and mental health support needs.

3. To date 2020/21 CHAIN data shows a similar figure of 57% of CoL rough sleepers recorded as having a mental health support need.

4. Prior to March 2020, the CoL's mental health provision consisted of a practitioner nurse through the East London NHS Foundation Trust (ELFT). The practitioner nurse was a shared resource, and so scope to support the CoL Outreach team was limited. The nurse attended one joint shift a week with the CoL Outreach team, providing professional guidance and support and carrying a small caseload. The nurse's time focused on identifying individuals who required a Mental Health Act assessment and sectioning. The practitioner nurse is now part of the new RAMHP team where their expertise and knowledge of the CoL and CoL rough sleepers can be shared.

5. Over the past five years, CoL has witnessed a consistently high number of CoL rough sleepers in need of mental health intervention. In 2017/18 CoL through a spot purchasing arrangement commissioned the Enabling Assessment Service London (EASL) to provide mental state assessments to rough sleepers who were initially engaged through the CoL Pop-up Hubs. EASL were an additional resource to the work being carried out by ELFT. EASL were able to guide outreach workers and provide a qualified assessment of a client's behaviour and confirm whether this was linked to a person's mental health. In several cases these assessments confirmed the outreach workers' concerns, leading to further mental health intervention for individuals.

6. The work carried out by EASL was particularly valuable to the CoL's Homelessness team as it provided evidence of the need for more access to lower-threshold health services for rough sleepers.

Current Position

7. The RAMHP is a Greater London Authority (GLA) funded two-year pilot programme, which began in March 2020.

8. There are four London RAMHP teams who work directly with local authority outreach teams. The ELFT provides the RAMHP in a consortium serving CoL, and the London Boroughs of Hackney, Tower Hamlets and Newham.

9. The RAMHP connects the mental health sector and homelessness sector by supporting outreach workers to engage rough sleepers to come off the streets, support individuals to navigate the health system and ultimately increase rough sleepers' engagement with mental health services.

10. The East London RAMHP team consists of a full-time manager, three full-time practitioners, and one practitioner and one consultant who both work one day a week. There is a varied skill set within the team, including social workers, nurses and occupational therapists.

11. Partnership work is key to the success of the project. The RAMHP works closely with the City Outreach team and CoL homelessness officers attending the quarterly Rough Sleeping Strategy meeting and fortnightly CoL Task and Action meetings.

12. The programme is holistic, person-centred and guided by people with lived experience of sleeping rough and having mental health needs. The RAMHP's Co-design Advisory Group of experts by experience will influence at a service and programme level throughout the pilot.

13. The RAMHP promotes a culture of learning and improving. A Community of Practice will be developed by and for the RAMHP team members, giving them a space to share their experiences from the four different regions, and to encourage best practice.

Key Data

14. In 2019/20 the ELFT practitioner nurse had a caseload of 20 rough sleepers and carried out 46 joint shifts with the CoL Outreach team. As part of the COVID-19 response, the nurse also provided all physical and mental health triage assessments for all CoL clients accommodated in the GLA emergency hotel accommodation.

15. The RAMHP has assisted a total of 45 CoL rough sleepers since March 2020. The RAMHP is currently working with 33 CoL rough sleepers: 12 have been discharged, meaning that these individuals have either been referred on to another health service or have left the East London area.

16. The RAMHP has performed well against their commissioned targets and recently reported that they have achieved or exceeded all their key performance indicators:

- 75% of referred clients are assessed within 28 days
- 90% of clients have a care plan complete
- 50% of clients have accessed and maintained accommodation after discharge from the service
- 90% of clients experience an improvement in their health and wellbeing at the point of discharge.

Corporate & Strategic Implications

17. There are no strategic or financial implications directly related to this report.

Conclusion

18. The ELFT has worked alongside the CoL Outreach team to provide a service to CoL rough sleepers for more than five years. More recently, this has been provided through the new RAMHP. In this time, the RAMHP has mobilised a fully

operational team, and has integrated well with CoL homelessness support services, and is already making a positive impact on the lives and wellbeing of many CoL rough sleepers.

Appendices

- None

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