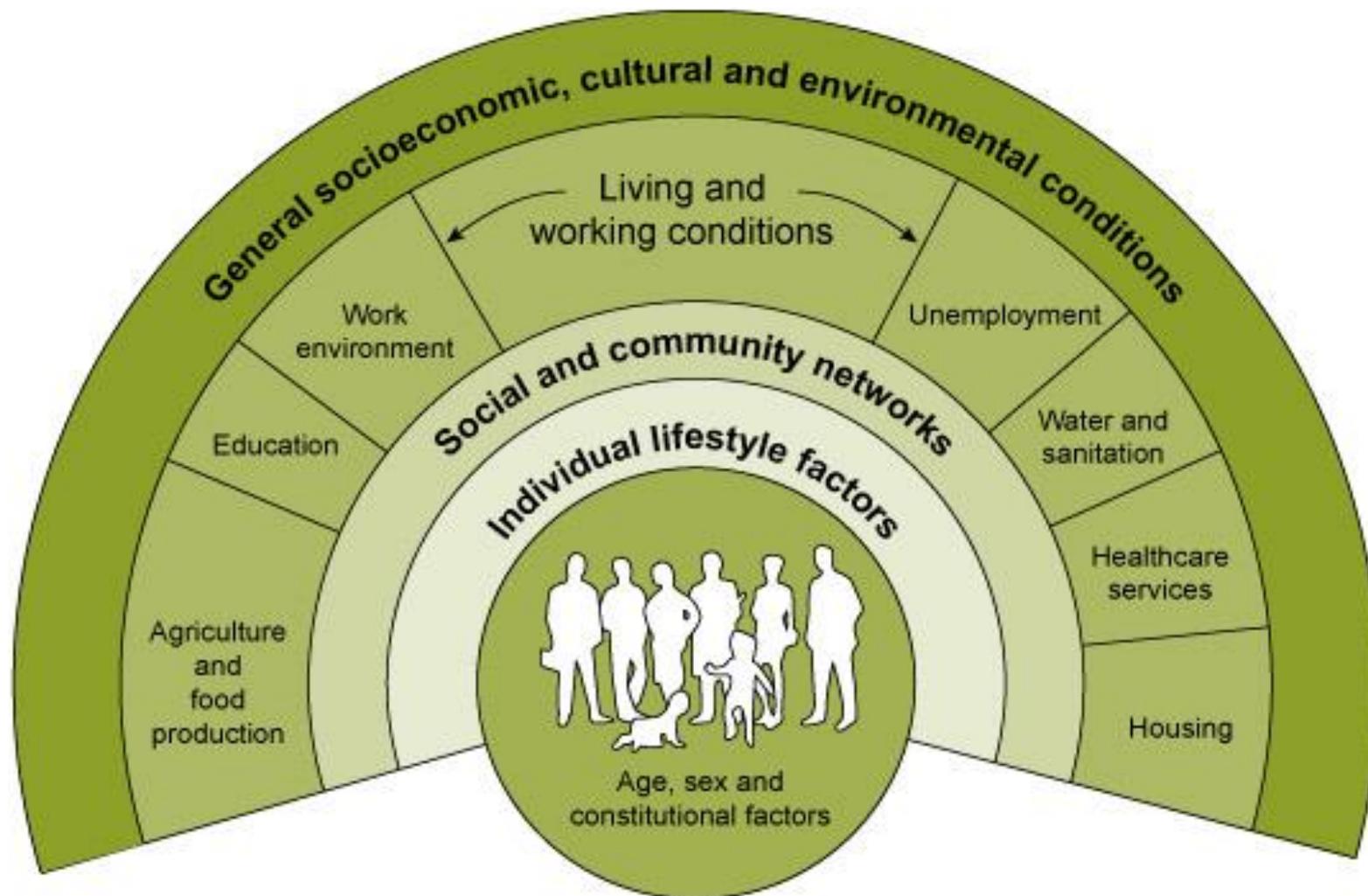


Rough sleeping in Enfield

Joanne Drew
Sarah D'Souza
Katie Macdonald



Inequalities experienced by rough sleepers

Many people who sleep rough have significant needs in relation to physical health, mental health and substance misuse

The average age of death of men and women sleeping rough



People who are homeless are nine times more likely to take their own life



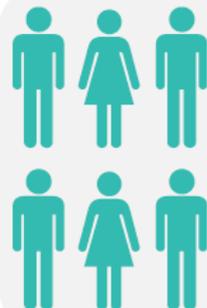
People who are homeless suffer more health problems compared to those housed:



2.5x more likely to have asthma



TB rates are **34x** higher



6x more likely to have heart disease



Hepatitis C rates are **50x** higher

RS population of Enfield increased prior to COVID

Conceptual Category	Explanation	Enfield	
Rough sleeper	Living rough or in emergency accommodation	7 2017	→ 172 03/2021
Homeless	In temporary accommodation / women's shelters / accommodation for immigrants	1,956 2012	→ 3,410 2019

Driver of homelessness in Enfield

- Eviction from the private rented sector followed by host ejections

Challenges to sustaining housing:

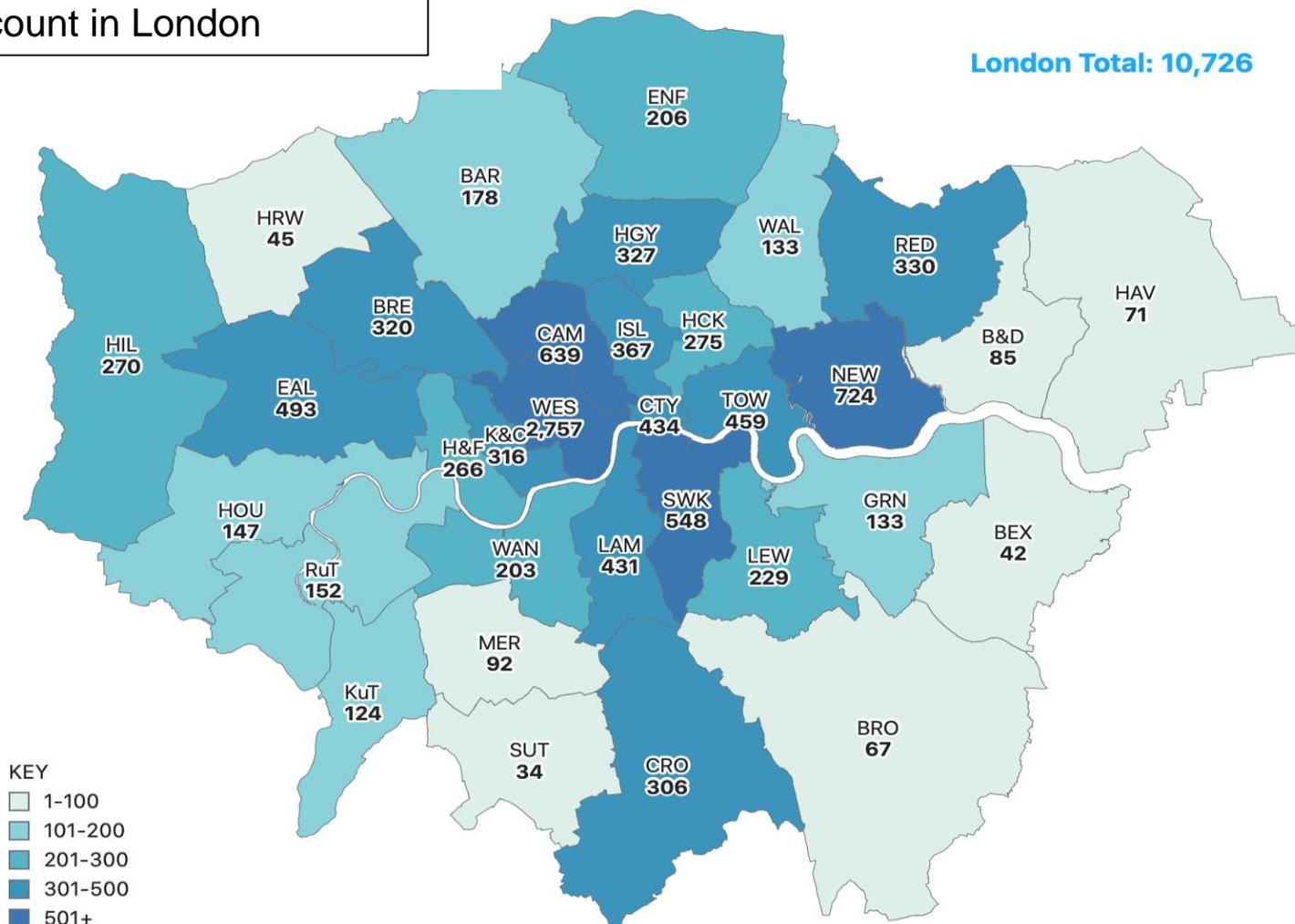
- The Benefit cap
- Shortage of affordable accommodation

Other factors: mental health, substance misuse, worklessness

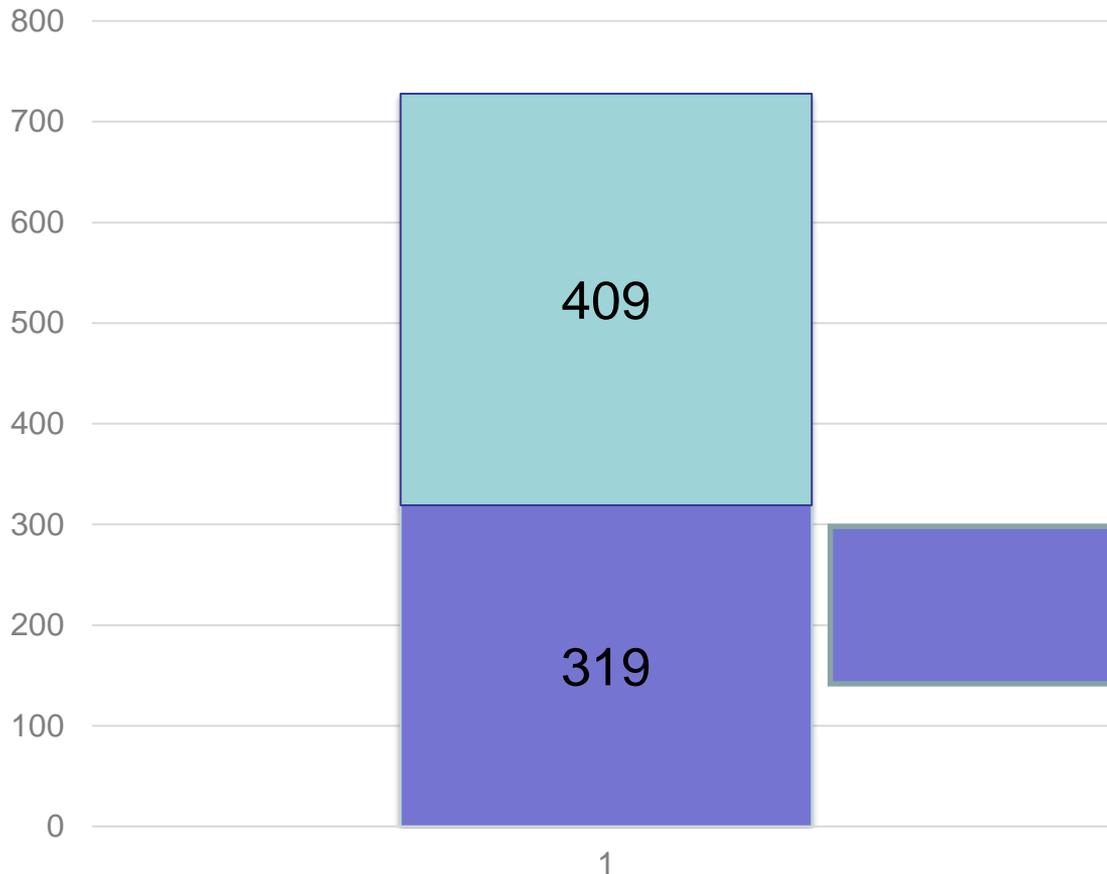
RS population in London

(2019/20)

Autumn snapshot count in 2018 found Enfield to have the fourth highest count in London



Number of households either at risk of homelessness or experiencing homelessness supported into accommodation by LBE (2020)



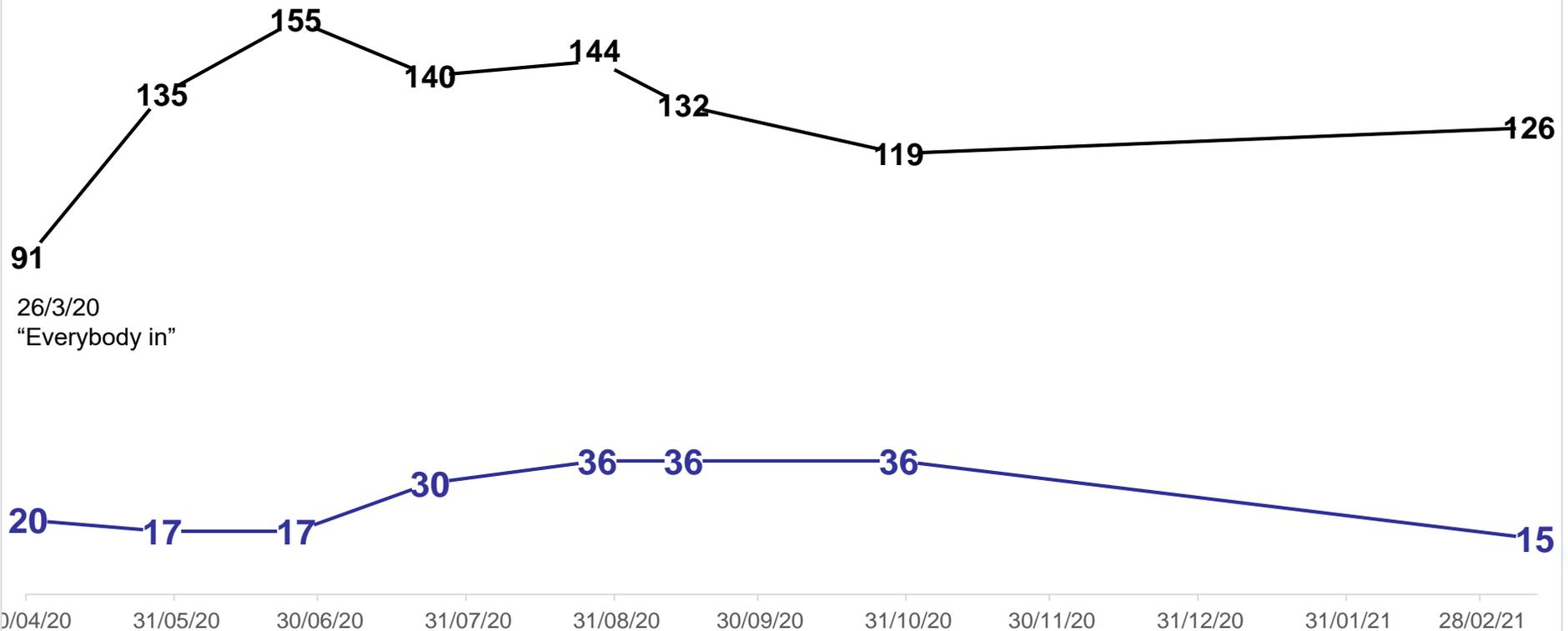
from EA, 147 were then supported to into settled accommodation either in PRS, supported housing or through reconnections

- Households supported into secured accommodation
- Housed in EA as part of Everybody in Enfield

RS population of Enfield during pandemic

Role of “Everybody in” policy

NUMBER OF PEOPLE IN:
EMERGENCY ACCOMMODATION (BLACK)
BEDDED DOWN (BLUE)



Support provision during pandemic

London offer in response

- UCLH Find and Treat team responding to health needs of rough sleepers, GLA funded through wave 2.
- 14 specialist intermediate care beds for London established until March 2021 - referral via find and treat
- @16 isolation beds at London City Airport Ibis Hotel
- GLA funding hotel places in Waterloo and Wandsworth – currently no sites in North London
- NHE/I homeless flu vaccination emphasis in ICS areas and commissioning Find and Treat too - preparation for priority in Covid vaccination plans

Enfield

Service provision

- Housing and support
 - Support offered: Accommodation and tenancy sustainment, out-reach/in-reach support (Individual – health, social care, wellbeing plan), GP registration, support to those with NRPF, finding employment, benefits advice
 - Partnership working with: ENABLE drug and alcohol services, mental health teams, safeguarding, adult social care, adult MASH, community safety/trespass teams, modern slavery team
- CCG: GP registration, training
- MARAM
- Pathways: substance misuse, smoking cessation, sexual health services.
- Other: COVID testing, CHRISP survey, Health Outreach, Dental health survey

Emerging priorities for development

CCG

Immediate (Jan – Mar 2021)

- Improving wound care for homeless people through specialist nurse provision
- Streamlining hospital discharge using “move on coordinator” roles in each NCL borough (move on coordinator appointment in Enfield)
- More detailed priority setting for 2021-22 using dedicated programme management resource

Longer term (2021 – 2022)

- “Level up” funding and investment between NCL boroughs – accessing Shared Outcomes Funding 21/22
- Development of consistent specialist services across NCL (e.g. mental health, substance misuse)
- Improving homeless access to general NHS services (e.g. registration with a GP)

Local Authority

Immediate

- Preparing for the COVID recovery period, lifting of eviction ban and demand pressures
- End of COVID emergency funding
- Move-on accommodation (From EA to sustainable and supported)
- Resettlement team: pathways out of institutions. Establishing team and developing pathways
- Vaccine roll out to RS (with CCG)
- NRPF and EEA settled status applications
- Refresh pathways established and ensure effective
- Primary care capacity building
- Continuing cross sector collaboration

Longer term (2021 – 2022)

- Embedding new housing advisory service
- Clear strategy for role of VS to support joined-up strategy to end RS
- Ensure customer care and empathy remain at core of service

The NCL Homelessness Vision - DRAFT

To support all rough sleepers, multiple exclusion homeless, those in encampments, vulnerable people in temporary accommodation, hidden homeless. To move people on to appropriate permanent accommodation and provide access to integrated housing, health, care, employment and community support to transition into a sustained recovery from homelessness

Infrastructure/Enablers

- Data & evidence
- Contract management
- Info Sharing Agreements
- IT Systems
- Joint Commissioning

Governance

- Borough Health & Wellbeing Board
 - Borough Partnership (ICP)
- Rough Sleeping Strategic Board
 - MEAM Strategic Board
- NCL Homelessness Leads

- VALUES**
- psychologically informed
 - trauma informed
 - strengths-based
 - co-produced

Healthcare

- Support to register with GP
- Frailty, palliative care and end of life provision
- Mental health pathways (including dedicated homelessness services)
- 111 and ED support
- Support to access to wound care, dentistry, podiatry, immunisation etc.

Public Health

- Access to substance misuse services (specialist for homelessness or generic)
- Dual diagnosis support and care planning
- Sexual health, BBV testing, smoking cessation

Income, employment, education

- Range of education, employment and training opportunities in each borough
- Benefits and immigration support, legal advice

Social Care

- Safeguarding for vulnerable groups (including DV and modern slavery)
- Dedicated social workers and care act assessments where appropriate

Accommodation

- Supported Housing
- Social Letting Quotas
- Night Shelters with support from Housing First
- Floating Support Services and Outreach Team

- BUSINESS CONTINUITY PLANNING**
- Covid19 response / cohorting approach
 - Health assessment priority needs for housing, with range of accommodation to address
 - planning / winter planning &
 - Support staff health & wellbeing



Covid vaccination in Enfield

Able to attend
**vaccination
hub**

- Where appropriate and feasible, clients supported to attend vaccination hub by key workers

Need **in-reach**
into
accommodation

- Find and Treat providing in-reach into the Ramada (20 vaccinated already and return visits planned)
- Exploring additional in-reach at other sites

Rough sleepers
who need **street
out-reach**

- Considering Find and Treat team to support vaccination for rough sleepers if appropriate

Critical topics

- COVID emergency funding ending but demand for housing and support services to non-statutory priority groups continues
- The need for clarity around supporting people with NRPF
- Dealing with encampments and its organisers from an exploitation perspective

Next Steps

Work together to engage and support those still bedded down

- NRPF solutions
- Provide sufficient funding for move on accommodation with support
- Continue to fund emergency accommodation and support in the mean time
- Ensuring appropriate health care support for RS: primary care capacity building
- Ensure services consider inclusion health principles: ease of access, continuity of care, integrated services, person-centred and trauma-informed