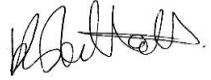


LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Homelessness System Transformation Update	
REPORT OF Director of Public Health	
FOR SUBMISSION TO Camden Health and Wellbeing Board	DATE 12 th July 2023
SUMMARY OF REPORT Camden’s Homelessness System Transformation is a three-year programme running from April 2022 to March 2025 that aims to implement a more holistic, integrated approach to homelessness in all its forms. The programme takes a ‘whole system’ view of homelessness that looks at perspectives across health and social care, housing, community and justice sectors, and brings these key partners together alongside people with lived experience in a coproduction approach. Since presenting to the Health and Wellbeing Board in July 2022, significant progress has been made. Multiagency governance has been strengthened, the programme has collaboratively agreed five overarching system priorities and, within this framework, a set of tangible objectives for 2023/24. The paper expands on these successes, also reflecting on lessons learnt, existing and surfacing challenges for homeless residents and next steps for the programme. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Jonathon Horn, Head of Homelessness System Transformation London Borough of Camden 5 Pancras Square, London N1C 4AG Jonathon.horn@camden.gov.uk	
RECOMMENDATIONS That the Health and Wellbeing Board note the report and participate in the strategic discussion outlined in paragraph 1.3.	

Signed:

A handwritten signature in black ink, appearing to read 'K. Watters', written in a cursive style.

Kirsten Watters, Director of Public Health

Date: 30th June 2023

1. Purpose of report and background

1.1. The purpose of this report is to:

- Update the Health and Wellbeing Board on the Homelessness System Transformation programme's progress since its inception in April 2022 (**sections 3 and 4**).
- Highlight existing and emerging system issues that need to be addressed (**section 5**).

1.2. The transformation is a three-year programme, running from April 2022 to March 2025, that aims to implement a more integrated and relational approach to addressing homelessness in Camden. In particular, the aim is to build on the response to the Covid-19 pandemic and the acknowledgement that a 'whole system' approach to homelessness is required.

1.3. Through a strategic discussion, the Health and Wellbeing Board are asked to advise on how to:

- Actively promote the programme, further its priorities and apply the learning from the work across partners in the borough.
- Ensure representation of all Health and Wellbeing Board partners in the programme, including on the programme board and in coproduced 'delivery groups.'
- Address the systemic issues faced by people experiencing homelessness.

2. Camden's homelessness population

2.1. Camden has a high prevalence of people experiencing homelessness compared to other boroughs, in part due to its position as an inner London borough with an acute shortage of affordable housing and relatively high cost of living. As well as residents experiencing homelessness, Camden has a high churn of people sleeping on the streets with no previous connection to the borough, especially around major national and international transport hubs and the illicit drug market.

2.2. Homelessness has many forms, and the size of the population is hard to determine across multiple services and systems. An overview of the population in Camden is as follows:

- 987 households assessed and owed a duty under the Homelessness Reduction Act in 2020/21, of which 432 had support needs
- Approximately 1,800 people registered as homeless with Camden GP practices (~640 with Camden Health Improvement Practice, a specialist homelessness practice, and 1187 with other practices) [Homelessness Registry, April 2023]
- 613 households in statutory temporary accommodation (370 families and 243 single homeless people)

- 643 places for single homeless people with support needs in supported accommodation (the Adult Pathway)
 - Approximately 670 rough sleepers a year supported through street outreach services, with at least 50 long-term ‘entrenched’ rough sleepers with complex support needs
 - Unknown levels of hidden homeless (sofa surfers, squats, concealed rough sleepers) – Crisis research suggests ~62% of single homeless people are hidden homeless and current definitions and counting methodologies are less likely to identify women and young people¹
- 2.3. Residents experiencing homelessness often have a range of co-occurring and mutually reinforcing needs. They also experience some of the most entrenched inequalities in society due to a complex mix of structural and individual factors. For example, the average age of death for people sleeping rough or living in emergency accommodation is just 46 for men and 41 for women.
- 2.4. This complexity, often referred to as ‘multiple disadvantage’, results in people falling through gaps between services and accessing support at a much later, often critical, stage. Mainstream services can struggle to manage the complexity of needs, whilst specialist services are often not ‘catch all’ or flexible enough to address the overlapping nature of these needs.
- 2.5. Factors of ‘multiple disadvantage’ within Camden’s homelessness population include:
- Mental ill health – following a rapid needs assessment in 2020², about 40-45% of people experiencing homelessness in Camden had mental health needs, and Homeless Link’s Homeless Health Needs Audit (HHNA)³ found that 82% of its 2018-2021 cohort had a mental health diagnosis.
 - Substance misuse (drugs and/or alcohol) – about 45-55% of people experiencing homelessness in Camden had drug and alcohol needs, with a significant proportion also experiencing mental ill health. In the national HHNA, 45% of people reported self-medicating with drugs and alcohol to help them cope with mental ill health.
 - Physical ill health – about 50% of people experiencing homelessness had a long-term physical health condition, about 80% smoked, 20% had asthma and 5% had Chronic Obstructive Pulmonary Disease. People experiencing homelessness are three times more likely to use emergency services and nutritional needs are largely unmet, with a third of people eating only one meal a day on average.

¹ Reeve (2011). The Hidden Truth about Homelessness

² Public Health Rapid Assessment of Health Needs (2020)

³ Hertzberg and Boobis (2022). The Unhealthy State of Homelessness

- Involvement with the justice system – whilst only a minority of people experiencing homelessness will be involved in offending, those that spend time in prison are more likely to have other forms of severe and enduring disadvantages, of which homelessness is one⁴.

3. Our approach, progress so far and key learning

3.1. The approach to delivering the Homelessness System Transformation has followed three principles:

- To view the ‘whole system’ that impacts someone’s homelessness from the perspective of the person, including their health, wellbeing, housing, social and practical needs.
- To take a collaborative approach to generating and delivering change ideas from residents and staff within the system (to date over 120 people have been involved in shaping these).
- To coproduce the work with people with lived experience of the homelessness system, so they are actively involved in deciding what needs to change and the efforts to change it.

3.2. In following this approach, the programme has made progress in key areas since the last report to the Health and Wellbeing Board in July 2022.

3.3. Governance – following support from the Health and Wellbeing Board in July 2022, a multiagency programme board and a network of ‘system sponsors’ (key system leaders around homelessness) have been established to oversee the work and support with systemic challenges.

3.4. Establishing a wider partnership – a launch event in September 2022 and a follow up in May 2023 have forged a wider partnership around five shared priorities for change. To date, over 120 people have been involved in shaping these priorities through events and workshops.

3.5. Coproduction – the transformation has further developed its coproduction approach and since October 2022 has employed a dedicated ‘Coproduction Lead’ role. This has involved more than 170 hours of coproduction with residents, recruitment of a team of ten people with lived experience to be involved in delivering the programme, and a wider group of residents involved through more informal drop-ins. The views of people with lived experience have been incorporated into this report via the content in Appendix A.

3.6. Prioritising our areas for change – following extensive engagement, the transformation has agreed five overarching system priorities and within that, 12

⁴ Bramely et al. (2015). Hard Edges

change ideas. People with lived experience working on the programme (coproducers) have helped prioritise these, creating a more streamlined set of objectives for 2023/24 that they feel should be delivered first (see section 4 for a summary).

- 3.7. Shifting into a ‘test and learn’ phase – the programme is beginning to implement change ideas in specific places within the homelessness system. People with lived experience and staff are developing outputs through coproduced ‘delivery groups’, with over 40 people involved so far in these sessions. Other staff-led workshops and training sessions are also being organised. For example, in June, 117 frontline staff and managers across NHS, Council and Voluntary and Community Sector services were trained in ‘Team Around Me’, a consistent approach to holding multiagency case discussions⁵, as a precursor to testing its use across key services.

4. **Key transformation priorities and how they were formed**

- 4.1. The transformation has five system priorities, derived from extensive engagement with over 50 services across 30 organisations. The systemic issues faced by these stakeholders were themed and prioritised by the programme board, including people with lived experience, and validated at a larger partnership launch event.
- 4.2. The priorities for change are:
1. Implementing trauma informed support and psychologically informed environments consistently across the homelessness system
 2. Implementing integrated multiagency working around the resident
 3. Creating conditions for joined up commissioning and strategic planning
 4. Improving access to mental health support, including co-existing drug and alcohol needs
 5. Taking a preventative approach (primary and secondary prevention)
- 4.3. Over a series of ‘deep dive’ workshops into these overarching system priorities, a wider partnership of over 80 staff and people with lived experience developed more specific change ideas. Coproducers then identified three areas to prioritise. These areas, alongside four staff-led projects, make up the key objectives for the transformation in 2023/24.
- 4.4. Objectives for 2023/24 are as follows (coproduction priorities are marked in bold):

⁵ Further information can be found [here](#)

Overarching system priority	Objective for change in 2023/24
Implementing trauma informed support and psychologically informed environments consistently across the homelessness system	<ul style="list-style-type: none"> • Develop a Camden-wide framework for trauma informed approaches and psychologically informed environments – including practical tools and resources, a focus on staff wellbeing and peer support
Implementing integrated multiagency working around the resident	<ul style="list-style-type: none"> • Develop and test a ‘client passport’ that can be used across services to reduce unnecessary repetition of personal stories (coproduction priority) • Develop a system map that helps people navigate the support they need (coproduction priority) • Embed more formalised multiagency working in select test sites, including rolling out ‘Team Around Me’ as a unifying case discussion tool
Creating conditions for joined up commissioning and strategic planning	<ul style="list-style-type: none"> • Commissioning an integrated health and social care offer from 2025 • Exploring a longer-term shift towards ‘housing first’ approaches
Improving access to mental health support, including co-existing drug and alcohol needs	<ul style="list-style-type: none"> • Improve understanding and accessibility of mental health support, particularly where people have co-existing drug and alcohol needs (coproduction priority)
Taking a preventative approach (primary and secondary prevention)	<ul style="list-style-type: none"> • Insight work with specific population groups to improve our understanding and response at an earlier point – for example, coproduction with autistic adults and convening a women’s homelessness group

Progress in delivering our objectives

- 4.5. To date, over 40 people from the homelessness system are involved in monthly ‘delivery groups’ working on our top three coproduction priorities. As an example of the work, a draft has been created for the ‘client passport’, with future sessions to prepare to test it in select sites by September. These ‘delivery groups’ contain a diverse mix of professional and lived experience and are facilitated by the transformation.

- 4.6. A pilot of the 'client passport' will be accompanied by more formalised multidisciplinary working in select test sites and the use of 'Team Around Me' as a multiagency case discussion tool. In June, 117 staff and managers were trained in 'Team Around Me', a strength based and person-centred approach to complex case discussions developed by the Fulfilling Lives programme. During the training, frontline staff were able to discuss key issues and network together, which is rarely possible, and a 'system blockages' form is being developed for staff to report issues from their future case discussions, enabling the transformation to quantify and theme system issues.
- 4.7. Through a partnership with Camden's Trauma Informed Network, the transformation has also begun co-designing a framework to support consistency in our application of trauma informed approaches and psychologically informed environments. The partnership has hosted three out of a planned six workshops with approximately 50 practitioners involved and interest across a range of services and sectors. The first draft is under development and will be made available in late July for comment.
- 4.8. Projects to improve our understanding and response to homelessness across different protected characteristics have also been established. The Women's Homelessness Group has five priorities for action in 2023/24, such as improving the integration between homelessness and Violence Against Women and Girls (VAWG) sectors. Coproduction with Autistic adults is developing insight and recommendations for the homelessness system and the new Autism Plan. More insight projects will be undertaken as opportunities arise.

Next steps

- 4.9. The programme aims to launch flexible 'test and learn' projects by September. This includes a multiagency working pilot where key stakeholders will be asked to test the client passport, use of 'Team Around Me' for complex cases and other approaches to closer working, such as joint visits and shared outreach. Further detail on our proposed milestones and impact as a programme can be found on slide numbers 18 and 19 of Appendix A.
- 4.10. 'Test and learn' sites will continue for 6-12 months and the focus for the last year of the programme in 2024/25 will shift towards how the partnerships and coproduction can be sustained within the system longer term, and the change ideas that have a positive impact can be embedded across different settings and services. There is an evaluation section of the programme that is considering how to measure this impact, both in individual workstreams and across the whole programme.

5. Programme learning to date

- 5.1. Practicing meaningful coproduction with staff and people with lived experience, as well as retaining a wider system perspective, can be difficult to sustain. It has also created significant opportunities to connect with residents and staff in deeper ways, enhancing our understanding of different perspectives and engrained systemic issues.
- 5.2. Services in the homelessness system are also under significant strain. As previously mentioned, the combination of workforce shortages, fragmented and tightened funding and an acute shortage of affordable, long-term accommodation represent significant structural issues that in many ways lie outside the influence of the transformation programme. There are considerable strengths in Camden to build on, although many entrenched barriers and issues remain for people experiencing homelessness.
- 5.3. Key learning from the programme so far includes:
 - The programme provides a ‘place’ where relationships between colleagues and services have been developed and systemic issues can begin to be addressed. This focal point is essential in such a complex system.
 - Working across the system from the perspective of someone experiencing homelessness is made more difficult by the way our services are structured and funded, and how governance typically works. More joint funding, planning and delivery is needed for this population.
 - Staff have valued the coproduction approach, although it is a challenge for people to feel they have ‘permission’ and headspace to take further ownership of the work, in part due to capacity issues across services.
 - People with lived experience contribute significantly to the work of the programme and have ensured the objectives are person-centred and link back to the issues people experiencing homelessness face. However, coproduction at this scale requires a level of background support and facilitation that is often not resourced in services.
 - The pace of the work is key and hard to get right – there is a tendency to move too quickly to implement oversimplified solutions, and at other times the system can be too slow to act collectively when stakeholders know what needs to change.

6. Existing and emerging system issues

- 6.1. The programme, through its forums and Programme Lead, has been acting as a focal point to surface, discuss and seek solutions for a range of issues across Camden’s homelessness system. This has led to a work plan based on the

needs of Camden's homeless population and colleagues working across the borough to support them.

6.2. The programme's work plan seeks to address many of these issues, for example through the development of the client passport or the trauma informed framework. However, they are complex and long-standing challenges, and the programme does not have the capacity or reach to resolve them all.

6.3. Example issues include:

- Stigma, discrimination and a lack of understanding in mainstream services.
- Criteria and thresholds that are too inflexible, particularly in statutory services.
- The tendency to direct people towards increasingly specialist services where they don't meet criteria/will struggle to engage within the limits of the offer.
- Lack of supportive structures/conditions to help practitioners share risk across services – for example, in high-risk cases where there is no clear safeguarding solution.
- Fewer services able to offer highly bespoke support with flexible criteria and thresholds – for example, where staff have smaller caseloads and can prioritise building relationships over a longer period.
- Despite being a priority of the programme, access to different forms of mental health support is a wider systemic issue that is largely beyond the programme's reach (in part due to inherent workforce challenges and under-investment).
- The need for a 'whole system' shift in culture towards more relational practice, rooted in taking a 'trauma informed' approach to people experiencing homelessness and other challenges.
- Many of the issues above are compounded by a need for more integrated planning and funding at national, regional and borough levels, the lack of which reinforces siloes in how services are delivered and causes fragmentation in the system.

6.4. To ensure the programme can maximise its impact, it is seeking to collaborate with other strategic programmes that hold similar aims, such as integrated neighbourhood working and exploring a more cohesive Adult Early Help offer, to ensure people experiencing homelessness are well supported in these domains.

6.5. It is also important to note that these systemic issues are highlighted throughout our work across health, social care and housing. For example, in Camden's Citizens Assembly on Health and Care, Councillor Cotton's advisory report on rough sleeping, resident casework/complaints and visits to services.

7. Finance Comments of the Executive Director Corporate Services

The Director of Finance has been consulted on the content of this report and has no comment to make at this time.

8. Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted and has no comments to add to the report.

9. Environmental Implications

The Homelessness System Transformation does not have direct environmental implications.

10. Appendices

Appendix A – Homelessness System Transformation

REPORT ENDS