



**Haringey Council**

<b>Report for:</b>	<b>Health and Wellbeing Board</b>	<b>Item Number:</b>	
<b>Title:</b>	<b>Homeless Health Needs Assessment Task and Finish Group report</b>		
<b>Report Authorised by:</b>	<b>Jeanelle de Gruchy, Director of Public Health</b>		
<b>Lead Officer:</b>	<b>Sarah Hart</b>		
<b>Ward(s) affected: ALL</b>	<b>Report for Key/Non Key Decisions:</b>  <b>N/A</b>		

## **1. Describe the Issue Under Consideration**

- 1.1. The Homeless and Health Needs Assessment was presented to the Health and Wellbeing Board (HWB) in January 2014. The HWB asked that a Task and Finish group be set up to explore the issues raised in the Health and Homeless Needs Assessment (see part 3.1) and to report back with recommendations to the HWB.

## **2. Recommendations**

- 2.1. To consider proposals as set out in part 4 of the report; and decide how to take these forward

## **3. Background Information**

- 3.1. The following issues were identified from the Health and Homeless Needs Assessment for single homeless people and tasks identified for the Task and Finish group.
  1. **Registration** Homeless people reported finding it difficult to register with a GP because of requests for photo identification and GPs asking for evidence of proof of residence. The Task and Finish group were asked to clarify the requirements.



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- II. **Access to health and social care for Europeans migrants and those with No Recourse to Public Funds** A need was identified for more understanding around rights to access to health and social care for European's and those with No Recourse to Public Funds. The Task and Finish group were asked to clarify this
- III. **Models of Good Practice** Haringey does not have a model for health care for homeless people in primary care. The task and finish group were asked to identify models
- IV. **Data capture** Limited local data on the health of single homeless people was found in the needs assessment. The Task and finish group were asked to explore if there was a need for better data collection
- V. **Linked up commissioning** There was found to be no joint strategy for the commissioning of health and homeless services. The Task and Finish group were asked to explore the links between commissioners of health and housing services
- VI. A homeless Pathway project with the North Middlesex hospital was identified as an exciting opportunity. The Task and Finish Group were asked to identify the stage of development.

### 3.2. The Task and Finish group met on four occasions

Catherine Herman - Lay Vice Chair Haringey CCG  
Marion Morris - DAAT Strategy Manager Haringey Public Health  
Claire Drummond - Commissioning Manager Housing Related Support  
Cleo Andronikou - Commissioning Officer Housing Related Support  
Sherry Tang - Chair of the CCG  
Sarah Hart – Senior Commissioner Public Health

At the fourth meeting there was also representative from Healthwatch and All People All Places (APAP)

### 3.3. The group's findings were as follows:

- I. **Registration:** The Department of Health Inequalities Unit confirmed that no photo identification is required for registration with a GP. The Care Quality Commission (CQC) newly responsible for the rating of primary care practices in terms of responsiveness to vulnerable groups has highlighted that registration restrictions that adversely affect the homeless are likely to result in a lower CQC practice ratings. However the NHS Choices website advises that at registration 'you may be asked for photo identification as well as proof of residence'. It would appear that there are no set Department of Health requirements regarding the identification required for registration, allowing it to be a local decision. Manchester Urban Village Primary Care Project which is recognised in the homeless field as an example of good practice in primary care, asks for a minimum of previous address and previous GP or if you are new to the country the date you entered the UK.



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- II. **Access to health and social care for Europeans migrants and those with No Recourse to Public Funds**, a presentation outlining the key rules has been completed see Appendix 1
- III. **Models of Good Practice**, at the Homeless Link Health and Homeless conference the services in table 1 were showcased as examples of good practice in improving the health of the homeless

**Primary Care** - York street practice in Leeds, is a practice specifically for homeless and vulnerably housed people [www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk). As is Manchester Urban Village <http://www.uvmp.co.uk/index.aspx> which runs a homeless Pathway project with their local hospital

**Nurse Led Services** – a number of city’s i.e. Cambridge, have a primary care based nurse going into hostels and homeless/vulnerably housed provision.

**Groundswell** – Homeless Health Peer Advocacy is a project that aims to help improve the health of currently homeless people, primarily through Peer Advocates offering one to one support to help access health services by accompanying people to appointments. The Peer Advocates receive formal training and get insight into hospital and primary care services by working alongside nurses, GP’s and reception staff. Advocates all have personal experience of homelessness and are recruited from existing volunteering schemes or are people who are interested in developing a career in the Health and Social Care field. The project started in May 2010 and was run in Westminster for a year before expanding to Hammersmith & Fulham in 2011 and Camden in April 2012. In its first year, the project worked with 70 clients and supported them to attend over 350 health appointments. The project has been funded by the NHS Regional Innovation Fund, Resolving Chaos, Inner North West London PCT, London Borough of Camden’s Equalities and Cohesion Fund and the Greater London Authority.

Table 1 Models of good practice in health care for homeless people

- IV. **Data Capture**, whilst finding the public health needs assessment very informative the group identified a need for more localised data capture for the Joint Strategic Needs Assessment (JSNA).
- V. **Linking up commissioning**, Difficulties for homeless people with customer services in accessing housing services at Apex House were highlighted by the All People All Places (APAP) cold weather shelter report and Heathwatch focus groups. The Task and Finish group used the opening of the cold weather shelter in December 2013 as an opportunity to explore what could be achieved when health and housing providers work together. The shelter ran for 12 weeks during which time Haringey Public Health team organised prevention health interventions with the shelter i.e.



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tuberculosis screening <sup>1</sup>, Health Checks, Mental Health First Aid training and training in alcohol assessment, the alcohol service provided treatment to those guests with alcohol problems. The shelter providers assessed, collected and collated information regarding their guest's health and access to housing and health services. The shelter providers demonstrated how this data could be collected locally, their report identified high levels of exiting health need within the 35 guests, see table 2.

Issues	Percentage
Alcohol Abuse	23.4%
Drug Abuse	10.9%
Mental Health Problems	46.9%
Physical Health Problems	37.5%
Learning Disabilities	6.3%
Dual Diagnosis/Complex Needs	7.8% (a subset of the above)

Table 2 All People All Places findings

- VI. The APAP cold weather shelter report identified good usage of the Haringey Public Health commissioned services and that the service made guests feel empowered and more ready to address existing health issues.
- VII. The Council has commenced a tendering process for the supply of all of its single homeless Housing Related Support (HRS) services and the group was able to insert health promotion measures into the new contracts. The council's Homeless Strategy is also being revised and there is an opportunity to better integrate health outcomes into housing strategy.
- VIII. **North Middlesex Hospital Homeless Pathway**, the group have become aware of many occasions where homeless people are discharged from general hospital back into hostels with no clear care planning. The APAP cold weather shelter report also highlights many people being referred by hospitals. Links have now been made with Pathway<sup>2</sup> who are advising on and contributing funds into the North Middlesex Hospital Pathway project and the North Middlesex hospital has appointed a Pathway GP and Nurse. Pathway is an established hospital model for working with homeless people; there are currently 5 projects in London. There is evidence that this model

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<sup>1</sup> The Find and Treat service is a pan London service, a van goes to places where high risk people are to test for tuberculosis

<sup>2</sup> <http://www.pathway.org.uk/publications/pathway-research-and-service-development-publications/>



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decreases numbers of readmissions and shorten lengths of stay<sup>3</sup>

#### **4. Proposal, the Group Proposes the Following;**

- 4.1. The JSNA for Homelessness and Health is further developed, exploring mechanisms to gather more local data.
- 4.2. A multi partnership work shop is facilitated to develop a homeless health pathway which would address the issues identified within this report; rules regarding GP registration, models of primary care, customer service advice from Apex House and hospital discharge.

#### **5. Financial Implications and Comments of the Chief Finance Officer**

- 5.1 There are no finance implications arising directly from this report. The Board should be aware that there is unlikely to be significant additional funding available to support any new initiatives and so funding to support new or amended services will need to be from existing resources.

#### **6. Head of Legal Services and Legal Implications**

The legal team have been consulted on this report. There are no legal implications arising from its contents.

#### **7. Equalities and Community Cohesion Comments**

- 7.1 Policy and Equalities Team have been consulted in the preparation of this report and have commented as follows:
- 7.2 The Council has a general equality duty under section 149 of the Equality Act 2010 to have due regard to amongst other things, the need to advance equality of opportunity and foster good relations between those who share the characteristics protected by sections 4 – 12 and 17 of that Act and those who do not.
- 7.3 The target group of this report – the homeless in Haringey – include people who possess most if not all of the characteristics protected by the Act and are therefore owed the general equality duty to afford them equal opportunity to health and social care.
- 7.4 Both national and local data suggests that the target groups of this report, the homeless are among the most vulnerable and hard-to-reach groups and suffer the highest rate of premature death due to the difficulties they face accessing health and social care.

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<sup>3</sup> In may 2012 Pathway hospital teams were named as an exemplar in the Depart of health report on 'improving Hospital Admissions and Discharges for People who are Homeless



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- 7.5 Like in other parts of the country, inequalities in health have been identified as a major and persistent equality issue in Haringey. Recognising this, Priority 6 of the Council's Corporate Plan, One Borough One Future is to reduce health inequality and improve wellbeing for all. This priority is reflected in the Council's Health and Wellbeing Strategy which commits to working to improve the health and wellbeing of the local population and reduce health inequalities across the life course, particularly the hard-to-reach groups.
- 7.6 The activities reported in this report and the further measures proposed in paragraphs 4.1 and 4.2 are in accord with the Council's general equality duty, the Corporate Plan priority relating to health inequalities and wellbeing and with the Wellbeing Strategy.
- 7.7 By addressing the health inequalities faced by the homeless in Haringey, the activities reported and the measures proposed will bring some of the most marginalised groups in society back into the fold and contribute to building a borough in which everyone has a stake. This would be in accord with the Council's duty to foster cohesion and good relations between groups Haringey.

## **8. Policy Implication**

This service is linked to the Health and Wellbeing and Community Safety Partnership strategies and respective delivery plans and the following council priorities: safety and wellbeing for all, opportunities for all, and a better Council.

In terms of the Health and Wellbeing Strategy its meets responsibilities to: improve the health and wellbeing of local populations and reduce health inequalities across the life course, particularly in hard to reach groups. There is evidence that addressing barriers to health in the homeless population reduces both rates and length of hospital admissions.

## **9. Use of Appendices**

Appendix 1: Presentation of Recourse to Public Funds  
Appendix 2 Health and Homeless Needs Assessment.

## **10. Local Government (Access to Information) Act 1985**

NA.