



Report for:	Health and Wellbeing Board
Title:	Health and Homeless Task Group update
Report Authorised by:	Jeanelle de Gruchy, Director of Public Health, LBH
Lead Officer:	Sarah Hart, Senior Commissioning Manager, LBH

1. Describe the issue under consideration

- 1.1 The Health and Wellbeing Board agreed to set up a multi agency task and finish group to address the findings of a health needs assessment of single homeless people in Haringey (presented to the Board in January 2014). This report updates on progress made.
- 1.2 The initial report highlighted three key issues as health barriers facing homeless people in Haringey:
 - i) The process for GP registration not being transparent thus allowing some practices to ask for photo ID as part of the registration process
 - ii) It not being clear what type of primary care model Haringey should adopt for homeless people
 - iii) There being a pilot homeless discharge pilot at the North Middlesex Hospital which had no links into council or primary care services

2. Cabinet Member introduction

- 2.1 I welcome the work being done to ensure all of our services collectively become more inclusive of homeless people. We know that homeless people have greater and often more complex health needs than the general population – with the shocking consequence that the average homeless life expectancy is just 47 years.
- 2.2 We need to better understand the needs of homeless people, which is why it was important that our Health and Wellbeing Board recently signed a pledge, created by homeless charity St Mungo's Broadway, to do this. I therefore welcome the



recommendation within this report to complete a full needs assessment for single homeless people.

- 2.3 The workshop demonstrated positive engagement from partner agencies. The feedback from the workshop will allow us to further explore what can be done to improve access to primary care, a key issue for homeless people.
- 2.4 The Health and Wellbeing Board is well aware that, while essential, meeting the immediate health needs of homeless people is not, on its own, a long-term solution to improving homeless health. Homelessness is of course inherently unhealthy; and any effort to tackle it needs to focus on its cause, not just its symptoms. To this end, Health and Wellbeing Boards have a hugely important role to play.

3. Recommendations

- 3.1 In accordance with the Board's function to prepare the Joint Strategic Needs Assessment and other related assessments and to promote and coordinate joint commissioning and integrated provision, the Board is asked to
- a) Sponsor an expert group consisting of the Council and CCG homeless commissioners, providers, GPs and Public Health to develop and complete the single homeless person needs assessment, and
 - b) Request that commissioners and providers adopt the cross government operational guidance; Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation - as part of the measure to ensure better integrated services for homeless people leaving hospital

4. Alternative options considered

N/A

5. Background information

5.1 The task group has achieved the following;

- i) The publication of guidelines on how to register with a GP which are inclusive to those without photo ID or proof of address - <http://www.haringeyccg.nhs.uk/Services/gp.htm>
- ii) Cllr Morton on behalf of the board signed the St Mungo's Broadway Homeless Health Charter and met with homeless people to discussed their health needs <http://www.theguardian.com/healthcare-network> See appendix 1



- iii) A Health and Homeless multi-agency workshop has been held which has identified options for service developments and highlighted the need for further needs assessment. See appendix 2

5.2 Two areas of work now remain outstanding; identifying a model for primary care delivery to homeless people and having an integrated way of delivering effective hospital discharge for homeless people. The workshop looked in detail at models for delivering primary care, it concluded that some form of specialist service was required but concluded that before a decision could be made a fuller JSNA needed to be completed; this would need to clearly identify the volume and type of unmet need. Production, development and the updating of the JSNA is a duty of the Board.

5.3 The North Middlesex Hospital pilot conclusively showed that Haringey does not have a traditional homeless population using A&E, however it did highlight discharge problems linked to patients being vulnerably housed and requiring housing support which the hospital could not provide. The homeless agencies continue to report residents being discharged from hospital with little clinical follow up. The Government has recognising this as a common issues for homeless people and has nationally funded hospital discharge pilots and co produced discharge planning guidance, adoption of which by the hospital, homeless services in the council and voluntary sector is recommended.

6. Comments of the Chief Finance Officer and financial implications

6.1 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.

7. Comments of the Assistant Director of Corporate Governance and legal implications

7.1 There are no legal implications arising from this Report.

8. Equalities and Community Cohesion Comments

8.1 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.

8.3 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.

8.4 Both national and local data suggests that the target group 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. We would welcome the completion of a full Equality Impact Assessment which would be part of the proposal to complete a JSNA

- 8.5 The activities reported in this report and the further measures proposed in paragraphs 3.1 and 3.2 are in accord with the Council's general equality duty, the Corporate Plan priority relating to health inequalities and wellbeing and with the Health and Wellbeing Strategy.
- 8.6 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.

9. Head of Procurement Comments

N/a

10. Policy Implication

- 10.1 This service is linked to the Health and Wellbeing strategy and the Corporate Plan. In terms of the Health and Wellbeing Strategy it meets cross cutting 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

11. Reasons for Decision

N/a

12. Use of Appendices

Appendix 1: The Homeless Health Charter
Appendix 2: Health and Homeless Workshop Jan 2015
Appendix 3: Hospital Discharge Guidance

13. Local Government (Access to Information) Act 1985

[http://www.minutes.haringey.gov.uk/Published/C00000771/M00006845/AI00038219/\\$HealthandHomelessTaskgroupreport16june2FINALfinal.docx.pdf](http://www.minutes.haringey.gov.uk/Published/C00000771/M00006845/AI00038219/$HealthandHomelessTaskgroupreport16june2FINALfinal.docx.pdf)
and accompanying appendices are also on this page (item 12):
<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=771&MIId=6845&Ver=4>



Appendix 1 – Homeless Health Charter

The Homeless Health Charter pledges the following which are all being address by the Health and Homeless Task Group or are within the further recommendations of this paper

- I. **Identify need:** We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.
- II. **Provide leadership:** We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.
- III. **Commission for inclusion:** We will work with the local authority and the clinical commissioning group to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

Appendix 2 – Haringey Health and Homeless Workshop 15th January 2015

The Health and Homeless workshop attracted 37 participants from an excellent range of agencies which included homeless people, Clinical Commissioning Group members, GPs, homeless services managers, Migrant Centre, Pathway, Public Health England, Public Health, Health Watch, Barker Foundation, Housing Related Support, Homes for Haringey and the North Middlesex hospital. There were presentations and workshop discussions around three key areas resulting in a series of recommendations which were subsequently discussed at a meeting of the Homeless and Health Task group.

- I. **Workshop 1 Delivery in primary care - is it better to have a single GP specialist or a shared responsibility? (Chair: Dr Sherry Tang, Haringey GP and CCG Chair)**

This workshop recognised the additional needs of homeless people which were difficult to address within a GP appointment; the workshop stated that 'whilst volume may be low, complexity and intensity is high'. The group identified several potential models for offering a primary care service to homeless people:

- A specialist practice for homeless people
- A practice focused on inclusion and access, for a broader group of patients
- A small add-on to an existing practice – either just for homeless people or for a broader group
- A nurse led service, with specialist clinics, supporting other practices and supporting patients into mainstream services



- Close working with other services : drug and alcohol, mental health, housing, welfare benefits etc

The Health and Homeless Task group recommends that a business case is developed to explore which model offers best value for money. This will need to contain an updated local needs assessment estimating the level of demand, the data for this is not readily available therefore key partners will need to support Public Health in data generation.

II. **Workshop 2 Bridging the gap – what model can we achieve in Haringey, what would we aspire to develop? (Chair: Sarah Hart, Public Health)**

This workshop highlighted that there is a spectrum of need amongst homeless people which included the following;

- Those who would benefit from inclusion in current public health programmes i.e. health checks, smoking cessation
- Those who would access a primary care GP if they had a peer to support them in getting to the appointment
- Those who with peer support would get to a GP, but their needs are so complex that they require more time than is available within a general consultation and a GP skilled in dealing with a number of problems as well as the presenting one
- Those who need primary care to reach into the hostel/service they access either by something like the TB Find and Treat mobile van or health professionals reaching in. This would not need to be a GP
- Those who are resistance to exploring their health needs and require trained resident peer supporters to be available at the right moment to talk about health and wellbeing

The workshop therefore identified a series of differing services to meet need

- Public Health to ensure homeless people have access to its prevention programmes
- A peer mentoring programme
- A homeless community nurse

The Health and Homeless Task group recommends that a survey be done to identify the levels and types of health needs, it suggests surveying residents of Housing Related Support accommodation which will require the support of housing providers, Health Watch and Public Health.

III. **Workshop 3 What next for the hospital homeless pathway? What are our options going forward; are there things we can put in place now? (Chair: Simon Hughes, St Mungo's)**

The workshop identified a need for shared knowledge of what services are out there - who to speak to, how to refer etc. Being brought together in the workshop



Haringey Council Clinical Commissioning Group

NHS
Haringey **healthwatch**
Haringey

HAVCO
HARINGEY ASSOCIATION OF VOLUNTARY
AND COMMUNITY ORGANISATIONS

highlighted that *'there are some good services but we aren't all aware of one another'*

The workshop recommended development of a single point of contact for hospital discharge.

The Health and Homeless Task group recommends that providers and commissioners consider adopting the *Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation*, see appendix 3; the first step of which is to set up a multi partner steering group which would require multi partnership sign up.