

Committee:	Dated:
Homelessness and Rough Sleepers Sub-Committee	04/10/2019
Subject: Homelessness and Health – Update Report	Public
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Summary

This report updates Members on the recent actions and progress made toward homelessness and health provision.

Recommendations

The Homelessness and Rough Sleepers Sub-Committee Members are asked to:

- Note the progress made on homelessness and health.

Main Report

Background

1. Being homeless has a negative impact on someone’s health, and makes it difficult for them to access health services. People who have experienced homelessness are more likely to have poor physical and mental health than the general population. Poor mental and physical health is both a cause and consequence of homelessness. Chronic and multiple health needs are common and often go untreated. Homeless people are also far more vulnerable to issues relating to alcohol and drug use. Multiple health needs, alongside drug and alcohol use, can act as a barrier to accessing mainstream health services and, as a result, people with these needs often end up using more costly primary healthcare services.
2. This report provides Members with an update across all health services, within the Square Mile and as part of the wider priorities of the Inner North East London (INEL) System Transformation Board.

Primary Care

3. There are several issues that affect our City of London rough sleepers from accessing primary care. While the Greenhouse walk-in centre in Hackney does offer specialist GP services, it is not accessed by Square Mile rough sleepers due

to its location. Further, due to the comorbidity of our rough sleepers, there is a need for clinical oversight across multiple health issues.

4. Health participation in the Square Mile requires a multi-disciplinary approach. The new Greenhouse contract may allow some flexibility for this in terms of delivery, but the new provider is still in a mobilisation phase.
5. However, the non-profit organisation, Groundswell, has been funded to deliver a peer advocacy service in the City of London, through which people who have experience of rough sleeping work with current clients to support access to, and compliance with, medical services.
6. Discussions have also begun with the human rights organisation, Doctors of the World, on a three-month trial of a mobile GP service, providing a weekly clinic in the Square Mile. In the summer of 2018, Doctors of the World UK's first mobile clinic was piloted at migrant support centres in London. The clinic, a fully fitted-out vehicle, enables an outreach service to provide 'pop-up' style clinics in a wider range of community venues, as well as in spaces where our more excluded service users may meet or feel safe.

Mental Health

7. The mental health pathway for City of London rough sleepers can be unclear or difficult to co-ordinate across service providers. This has been exacerbated by fragmented and short-term funding received through the Rough Sleeping Initiative (RSI), Greater London Authority (GLA) and Public Health England (PHE).
8. There is also a need to tackle cross-authority working for a group that can be highly mobile. There needs to be greater flexibility around delivering services on the streets, in day centres and hostel settings across boundaries.
9. Finally, the delivery of mental health services is also being hampered by the struggle to recruit sufficient and suitably qualified staff.

Drug and Alcohol Services

10. Rough sleepers are particularly at risk of harmful alcohol use, and are correspondingly more at risk of harms related to alcohol misuse than the wider population. Drug misuse is also prevalent in this population.
11. City and Hackney are commissioning an integrated adult drug and alcohol treatment system that will provide specialist and structured community treatment to residents of the City of London and the London Borough of Hackney (LBH). The new system will have regard to the needs of the Square Mile rough sleeping population. The new system will provide:

- an integrated and responsive specialist drug and alcohol service that serves both the LBH and the City of London
- specific resource allocated to adult City of London residents and rough sleepers (with a City of London connection) who have a problematic relationship with drugs or alcohol (including prescription drugs, over-the-counter and novel psychoactive substances)
- assertive outreach in the City of London to engage with the rough sleeper population to assess and motivate them into drug and alcohol treatment in City and Hackney, or link them in with their local service
- specialist community prescribing interventions
- specific capacity allocated for the service to work with supported housing and accommodation charities and services to manage service users' living environments, including helping individuals with unstable accommodation (including those rough sleeping) to find suitable living arrangements.

12. The tender was issued on 10 September 2019 and will close on 12 November 2019. The current contract award date is 11 February 2020, and the new service will go live on 1 October 2020.

Social Care

13. People sleeping rough tend to be identified as 'homeless' and not vulnerable adults in need of care. Due to this, there is limited evidence of Care Act assessments of this group.

14. Social care can be a complicated area to navigate. 'Habitual residence' is ambiguous and often used to exclude individuals from accessing the service. Further, social care costs can be significant for an authority to cover, and it is not centrally supported by government.

15. While there remains a clear responsibility for health providers and commissioners to provide services for the homeless and rough sleepers, this is not always matched by the social care offer. There is ambiguity among providers as to referral rights and routes into mainstream services. An example of this is discharge from hospital, which often leads rough sleepers back on the streets without further assistance.

16. The City Corporation is working with other local authorities and the Sustainable Transformation Partnership (STP) to strengthen hospital discharge co-ordination. The City has also contacted the Association of Directors of Adult Social Services to initiate a discussion on how a better – and funded – social care offer might be achieved.

Hospital Discharge

17. As mentioned above, hospital discharge can be a key trigger point for those who are homeless. There are issues on whether social care should be provided, and by whom. There is also limited step-down accommodation. Rough sleepers are

very transient and often have limited or ambiguous local connection. Due to this, it is a key opportunity to intervene and tackle homelessness.

18. Homerton Hospital is considering adoption of the Pathway (care co-ordination) model.

19. Pathway is the UK's leading homeless healthcare charity, helping the NHS to create hospital teams to support homeless patients. Each team includes a specialist GP, nurses, allied health professionals, housing experts and, in some hospitals, Pathway Care Navigators (people who were once homeless who are trained to support homeless patients).

Inner North East London (INEL) System Transformation Board

20. The health needs of rough sleepers have been identified as a priority for the INEL System Transformation Board. This includes City of London, London Borough of Newham (LBN), London Borough of Tower Hamlets (LBTH), London Borough of Waltham Forest (LBWF) and LBH.

21. Simon Cribbens has been appointed as the Senior Responsible Officer (SRO) for this strand of work. There is an opportunity to shape the STP's long-term plan submission to better inform future services and their commissioning. The provision and prevalence of rough sleeping is uneven across this geography, and the INEL grouping is somewhat arbitrary.

22. It is proposed that the submission reflect:

- the specialist primary care offer: a combination of specialist practices and specialism in mainstream practices
- specialist (and flexible) mental health services – both community and acute
- 'Pathway' style care co-ordination model in secondary settings
- consideration of a step-down (discharge to assess) type model.

23. Homelessness and Rough Sleeping representatives from City of London, LBN LBH, LBTH and LBWF met in August 2019 to discuss issues spanning the five boroughs. Some of the points raised included:

- Bringing together cross-borough experience for commissioning new services so that known gaps experienced across boroughs were not repeated and could be mitigated against.
- The need for service development to be led by a clinical voice (such as Enabling Assessment Service London) with professional interest in tackling rough sleeping.
- Agreement that an on-street nurse model with dual diagnosis skills can have good results and be effective when registering supporting administrative services. However, the role can lack clinical reach when it is not embedded within wider services. There also needs to be the right setting and facilities

available. The role can be hard to recruit to, as the nurse must be skilled in dual diagnosis.

- Mental health thresholds are set too high to get street-based assessments.

Conclusion

24. The report reflects the ongoing commitment of the City of London Corporation in delivering short-term health support for our rough sleepers, while working across partners and boroughs to shape the longer-term response.

Appendices

- Appendix 1: Doctors of the world: Mobile Health Clinic

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