

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
10 NOVEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

HEALTH & HOMELESSNESS UPDATE

Executive Summary

This paper provides an update on service developments proposed and approved in February 2008 and later in September 2009 by NHS Wirral. They are aimed at supporting the delivery of medium and longer term homelessness targets and support the Local Authority in the development and delivery of the Wirral Homelessness Strategy and NHS Wirral in meeting the health needs of local people who are homeless or at risk of homelessness.

1 Background

- 1.1 It is very difficult to quantify the levels of homelessness because many homeless people are transient and do not meet the statutory homeless criteria and are not therefore captured in official data. However in 2008-09 Wirral Council accepted 197 homeless applications, a further 67 applicants were rejected because they were deemed intentionally homeless or were not classed as being in priority need. There are also 102 local hostel bed spaces in Birkenhead which are all occupied, (many of the people living in hostels do not meet the homelessness criteria). A local outreach service took on an average of 24 new homeless clients per month during 2008. These figures do not include all rough sleepers or “sofa surfers”, (those homeless people who stay for short periods with a network of friends and family).
- 1.2 Homelessness causes a range of physical and mental health issues which contribute to the wider problem of health inequalities. These issues are often further complicated when individuals use drugs and/or alcohol. Their chaotic lifestyles often make it difficult for them to access and sustain engagement with mainstream services.
- 1.3 Local data on the physical health of homeless people is limited, however a report by the World Health Organisation (WHO) 2005 states that homeless populations, particularly rough sleepers have a higher rate of serious morbidity compared to the general population. Premature mortality is also higher amongst the homeless, WHO (2005) states that the average age of death amongst a sample of 388 homeless people was 44.5 years.
- 1.4 The most common health needs of homeless people are related to drug and alcohol dependence and mental health problems. However additional

causes of ill health include injury (due to accidents or violence), conditions associated with neglect e.g. poor condition of feet, tooth decay, inflammatory skin conditions such as scabies and impetigo. WHO also reports a high incidence of infections such as Hepatitis B and C, and HIV. In research commissioned by homeless charity Crisis (2002) it was found that one in fifty homeless people have Tuberculosis, they are five times more likely than the general public to suffer from Epilepsy and twice as likely to suffer from Diabetes.

- 1.5 Lack of engagement with mainstream health services means that many of the health problems experienced by homeless people are untreated and are more likely to develop into longer term conditions.
- 1.6 Poor mental health is a common cause and consequence of homelessness and whilst local data on the mental health needs of homeless people is limited, a brief review of national data provided the following figures:
 - 8% of hostel residents suffer with psychotic disorders (compared with 0.4% of the general population)
 - 38% of hostel residents suffer neurotic disorders (compared with 16% of the general population)
 - Cognitive brain defects are prevalent amongst the homeless, e.g. alcohol related brain injury.
 - In 92% of homeless people, mental illness antedated first loss of tenancy.
 - Crisis claim a third of hostel residents have severe personality disorders.
 - 8 out of 10 hostel residents suffer with depression and anxiety
- 1.7 Local quantitative evidence supports these findings with local hostels reporting an increasing number of residents presenting with mental health issues; which are particularly difficult to manage in a shared living environment where many residents have complex needs.
- 1.8 The Government requires hostels to be “Places of Change”; places which provide food and shelter but also places where residents can begin to take control of their lives and work towards a more stable lifestyle in a home of their own. This view is supported by Wirral Council’s Supporting People Team (hostel funders) which is encouraging hostels to support people who might previously have been excluded because of the challenges they present. This is clearly a positive development. However hostel managers report that they cannot meet this requirement without the support and expertise of the statutory sector. They report that they are finding it increasingly difficult to manage their more complex residents and fear for the safety of their residents, staff and the general public.

2 Health and Homelessness Projects

2.1 In recognition of the needs of homeless people and other excluded groups NHS Wirral approved the following projects in February 2008:

- Commission a research project into housing issues which adversely affect the hospital discharge process and make recommendations for improvement.
- Carry out recommendations from the research project
- Carry out a scoping exercise of mental health services (numbers and needs assessment) for homeless people.
- Provide a treatment room, bathing and toilet facilities at the Charles Thompson Mission (local drop-in centre for homeless people)
- Investigate and make recommendations for a model of primary care provision for homeless people, to be delivered from the newly refurbished Charles Thomson Mission.

2.2 More recently (September 09) approval has been given by NHS Wirral to commission a nursing service for excluded groups, and a mental health service to work directly with local hostels, their residents and rough sleepers. The aim of each of these services is to provide quick and easy access to assessment, treatment and therapeutic interventions, all of which are vital in improving the health, well being and confidence of homeless people. It is anticipated that these services will also improve their chances of securing and maintaining a home.

3 Progress

3.1 Hospital Discharge Research Project

3.1.1 The Local Authority Supporting People Team was commissioned to carry out a short research project, looking at the experience of homeless people in accessing local health services, with an emphasis on hospital discharge. This was completed in November 08. The research involved structured interviews with key stakeholders, including hospital staff and homeless people.

3.1.2 The key findings were as follows:

- The Hospital Discharge Policy does not acknowledge the particular needs of homeless people and doesn't take account of good practice guidance issued by the Department of Health in relation to homeless patients.
- Hospital staff do not know how to help homeless people and are unaware of the support available in the community.
- Local quantitative health data on homeless people is inadequate which limits our ability to plan and target services appropriately

- More community based accessible health services should be developed to meet the needs of homeless people.

3.2 Research Recommendation

3.2.1 The key recommendation from the above research is to commission the appointment of a Hospital Link Worker on a fixed term basis; who has a brief to:

- Develop a hospital discharge protocol between Wirral University Teaching Hospital, the Local Authority Homeless Team and local housing providers to reduce the numbers of homeless patients discharged to the streets.
- To train key staff on any changes agreed to ensure effective implementation.
- Develop and deliver a training programme for hospital staff to raise awareness of homelessness.
- Support hospital staff in addressing identified housing issues which are delaying discharge
- Improve patient outcomes
- Identify the extent and cost of hospital admissions and presentations of homeless people through improved data collection.

3.2.2 Funding for the post is already in place, half provided by the PCT and half provided by the Local Authority from the Supporting People budget. The service specification is due to be finalised and the Supporting People Team will commission the post from one of its current providers. This recommendation supports the work of the Discharge Planning and Review Group and is included in the group's action plan 2009/10.

3.3 Mental Health Project

3.3.1 On the basis of local and national evidence a business case was made to Professional Executive Committee (PEC) in September 2009 to commission a mental health service for homeless people. It was proposed that NHS Wirral commission a local provider to appoint or second a mental health practitioner for a 2 year period. It was recommended that the service be linked directly to the 3 local hostels and other services supporting homeless people and deliver the following activities:

- Provide early assessment and develop a referral/care pathway for homeless people with mental health problems.
- Provide support to client and hostel staff whilst awaiting full assessment and treatment
- Design and provide mental health training for hostel staff and raise awareness of homelessness within mainstream mental health services
- Collect robust data on the mental health needs of homeless people with mental health problems

- Ensure robust monitoring, review and evaluation of the service and make recommendations for service development if necessary

3.3.2 It was proposed that the service works closely with local mental health services and the nurse practitioners. Strong links will also be formed with Wirral Drug Service, Wirral Alcohol Service and the locality based teams to ensure that each homeless individual approaching any of these services can easily access the others to ensure a holistic, joined up approach, providing the best opportunity to address the often complex needs of homeless individuals.

3.4 Charles Thomson Mission - Treatment Room

3.4.1 The work on the Charles Thompson Mission (a drop-in centre in Birkenhead used primarily by homeless people, rough sleepers and street drinkers) was completed at the beginning of May 2009. The work commissioned includes the provision of a treatment room and ground floor bathing and toilet facilities.

3.5 Primary Care for Homeless People

3.5.1 Following a series of interviews with homeless people and local service providers; and some investigation into how other areas provide health services to this group it is clear that the main requirements of homeless people in relation to their health is that services are easy to access, that they take account of their unsettled and difficult circumstances and that practitioners treat them with the same respect they afford to other patients.

3.5.2 NHS Wirral will therefore commission two Nurse Practitioner posts for a period of two years. These posts will provide clinics within the three local hostels and the Charles Thompson Mission in which a clinic room has already been established for this purpose (PCT funded 2008/09). They will also provide outreach clinics to identified venues for other excluded groups such as ex-offenders.

3.5.3 The Nurse Practitioners will provide a bridge between primary care and organisations working directly with homeless and vulnerable adults, including locality based teams. They will carry out the following activities:

- Provide drop in health clinics to include weekends and evenings in the Wirral Churches' Arc Project, the Young Men's Christian Association (YMCA), Forum Housing, Probation and Charles Thomson Mission
- Develop and co-ordinate referral pathways for homeless people with health related problems including hospital protocols for the homeless
- Provide health assessments (including vascular and respiratory screening) and encourage self care
- Provide first line clinical interventions
- Support patient registration
- Liaise with GPs and other clinicians to ensure continuity of care

- Ensure that homeless and vulnerable people are supported to attend appointments, complete programmes of treatment and have access to health improvement programmes
- Take part in clinical supervision
- Collect robust data on the health needs of homeless and vulnerable people and make this available to commissioners and service managers
- Ensure robust monitoring, review and evaluation of the service and make recommendations for service development if required.

4 Financial Implications

- 4.1 Most of the projects outlined in this report have been funded by NHS Wirral. However the hospital discharge research project and the hospital link worker post are jointly funded by NHS Wirral and the Local Authority (Supporting People). A Rough Sleepers Small Grant of £17,000 has also been awarded by the Department of Communities and Local Government (DCLG) as a contribution towards the mental health service outlined above.
- 4.2 Over a 3 year period investment into these projects will amount to approximately £470,000; however there is the potential to make savings in the short and long term by improving access to low and medium level mental health services for homeless people by preventing the need for more intensive mental health input, by reducing the number of hospital admissions and repeat admissions and by reducing the number of presentations at A & E.
- 4.3 Funding for these projects was approved on a fixed term basis so an important element of the work ahead will be to incorporate the new services into mainstream provision.

5 Staffing Implications

- 5.1 The establishment of these services will involve the management of the contracts used to commission the services including regular monitoring and review. Services that are commissioned will be required to work alongside existing staff groups working with vulnerable people, including Health Action Area staff, mental health, drug and alcohol services and primary care. This will involve a requirement for existing staff to work towards the development of new referral and care pathways.

6 Equal Opportunities Implications

- 6.1 At the present time mainstream health services do not adequately address the needs of homeless people. Homeless people are often excluded from many services because of their complex needs and these projects form part of a broader homelessness strategy to remove the barriers faced by homeless people and other excluded groups.

7 Community Safety Implications

- 7.1 The key aim of all of these projects is to provide a range of health and support services that will support homeless people and other excluded groups to address their physical and mental health problems and any substance misuse issues they may have. It is hoped that this in turn will help them to achieve a level of stability so that they can access and sustain secure accommodation. It is anticipated that this will have an indirect but positive effect on community safety.

8 Local Agenda 21 Implications

- 8.1 There are no LA 21 implications arising out of this report.

9 Planning Implications

- 9.1 N/A

10 Anti Poverty Implications

- 10.1 It is anticipated that the services outlined here form part of an overall plan to move homeless people through a health, social care and accommodation pathway out of poverty and into a more stable lifestyle, possibly into training and employment in some cases.

11 Social Inclusion Implications

- 11.1 Homeless people are amongst the most socially excluded, experiencing the worst health, social and housing conditions. Their chaotic lifestyles make it difficult for homeless people to access mainstream services and projects outlined in this report aim to provide the right service in the right place at the right time to ensure the often complex needs of homeless people are addressed.

12 Local Member Support Implications

- 12.1 Whilst homelessness is a Wirral wide issue, this report is of particular relevance to the Birkenhead ward where the hostels and the Charles Thomson Mission are located.

13 Health Implications

- 13.1 This report is based on an understanding that homeless people have particularly poor health and great difficulty in accessing and sustaining contact with mainstream health care services. The services described aim to ensure that local homeless people have quick and easy access to assessment, treatment and therapeutic interventions, all vital in improving their health, well being and confidence. It is anticipated that these services will prevent further decline and improve the chances of securing and

maintaining a home. Furthermore each of the services will be charged with the collection of robust baseline health data on the needs of homeless people so that we can monitor and evaluate the effectiveness of the services and make recommendations for future service development.

14 Background Papers

- NHS Wirral, Corporate Directors Group – “Wirral Homelessness Strategy – Proposed Service Developments” February 2008
- NHS Wirral, Professional Executive Committee (PEC) - “Wirral Homelessness Strategy – Service Development Update” May 2009
- NHS Wirral, PEC - “Reducing Premature Mortality and Health Inequalities in Homeless and Vulnerable Groups” September 2009

15 Recommendations

That

- (1) Members are asked to note the contents of this report.

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Date 19 October 2009