

WIRRAL COUNCIL
HEALTH AND WELLBEING OVERVIEW AND SCRUTINY
COMMITTEE

22 MARCH 2011

SUBJECT:	HEALTH AND HOMELESSNESS UPDATE
WARD/S AFFECTED:	ALL
REPORT OF:	FIONA JOHNSTONE, DIRECTOR OF PUBLIC HEALTH (NHS WIRRAL) CATHY GRITZNER, DIRECTOR OF HEALTH SYSTEMS MANAGEMENT (NHS WIRRAL)
RESPONSIBLE PORTFOLIO HOLDER:	COUNCILLOR BOB MOON
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

1.1 This paper provides an update on service developments reported at the Health and Well Being Overview and Scrutiny Committee (OSC) on 1.11.09. These services support the delivery of medium and longer term homelessness targets in the Wirral Homelessness Strategy and address the health needs of local people who are homeless or at risk of homelessness.

2.0 RECOMMENDATION/S

2.1 Members are asked to note the contents of this report.

3.0 REASON/S FOR RECOMMENDATION/S

3.1 The services outlined are currently being provided and an update report was requested at OSC in November 2009.

4.0 BACKGROUND AND KEY ISSUES

4.1 There is considerable evidence that homeless people; i.e. rough sleepers and those living in temporary accommodation tend to have significantly higher levels of premature mortality and a higher prevalence of poor physical and mental health. There is also strong national evidence to suggest that homeless people do not get the health care they need.

4.2 In 2008 NHS Wirral commissioned a short piece of research into the experience of local homeless people using local health services. The research was conducted by Wirral Council's Supporting People Team and involved interviews with homeless people, hospital staff and other providers working directly with homeless people.

4.3 This research found that:

- More community based, accessible health services were needed to meet the needs of homeless people.
- Homeless patients did not get appropriate support when being discharged from hospital.
- Local quantitative health data on homeless people was inadequate. This limited our ability to plan and target services appropriately.

4.4 In response to these findings a number of Health and Homelessness services were developed. They include;

- A one year pilot project commissioned by NHS Wirral and the Council's Supporting People Team to address the hospital discharge issues faced by homeless people.
- The provision of a two year primary care outreach service for homeless people commissioned by NHS Wirral.
- The provision of a dedicated outreach Mental Health Practitioner for homeless people. This service was commissioned by NHS Wirral and supported by a grant of £17,000 from the Department of Communities and Local Government.

4.5 **Hospital Discharge Project**

4.5.1 In April 2010 a Hospital Link Worker (HLW) was seconded from the Council's Housing Options Team to improve hospital discharge for homeless people and patients reporting other housing issues at Arrowe Park Hospital. The following improvements have been implemented;

- Amended hospital discharge policy and procedure to account for the needs of homeless people.
- A flagging system so that homeless patients or patients who can't return to their accommodation on discharge are identified at admission so any housing issues can be addressed by the HLW at the earliest opportunity.
- Information resources for ward staff and A&E staff
- Support, advice and referral service to 162 patient referrals, ranging from rough sleepers to disabled people who can't return to their own homes because of their health needs.

4.5.2 Some of the outcomes for the patients in question have included;

- Securing temporary accommodation in hostels or in private rented accommodation.
 - Securing sheltered or bungalow accommodation for older and/or disabled patients.
 - Provision of welfare benefit advice.
 - Referral to detoxification and/ or rehabilitation services for patients with alcohol/substance issues
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- Arranging aids and adaptations for disabled patients
- Eviction prevention
- Advocacy and support for patients whose needs are not being appropriately addressed; E.g. Young care leaver referred back to and accepted by Bolton Social Services
- Support to secure financial assistance from charities to enable move into new home.

4.5.3 Organisational benefits include;

- Estimated cost savings of £58,500 over a 10 month period due to a reduction in delayed discharges caused by housing issues. These savings relate to 51 patients who would have stayed longer in hospital or who would have been referred to interim care. This equates to an average saving per patient of £1,147.
- Raised awareness of hospital staff of the issues faced by homeless people
- Knowledge of support on offer in the community
- Improved partnership working between APH, the Council and other providers in the community
- Anticipated reductions in repeat admissions caused where inappropriate housing contributes to poor health
- Anticipated reductions in repeat admissions due to referral to appropriate support/treatment services on discharge
- A more holistic service for patients

4.5.4 This project is due to finish at the end of March 2011; however opportunities for its continuation for a further year are being explored.

4.6 **Primary Care for Homeless People**

4.6.1 In July 2010 a dedicated nurse practitioner service for homeless people was commissioned by NHS Wirral for a period of 2 years. The nurse practitioner provides drop-in clinics at the Charles Thomson Mission and at 4 local hostels including the Women's Refuge.

4.6.2 The nurse practitioner also:

- Carries out health assessments (including vascular and respiratory screening)
- Encourages self care
- Provide first line clinical interventions
- Supports patient registration
- Ensures homeless and vulnerable people are supported to attend appointments and complete programmes of treatment.
- Arranges access to health improvement and harm reduction programmes.

4.6.3 Between the beginning of August 2010 and the end of January 2011 the nurse practitioner had 568 patient contacts, an average of 95 contacts per month this involved 354 individual patients. The nurse also carried out 47

health assessments, supported 10 people through alcohol treatment programmes (detoxification) and gave 79 Hepatitis B vaccinations.

4.6.4 This service is proving very popular amongst homeless people as seen in the number of contacts. However further evaluation and analysis is required to assess the full impact of the service on the health and well being of homeless people.

4.7 **Mental Health Project**

4.7.1 On the basis of local and national evidence a mental health service for homeless people was commissioned by NHS Wirral in October 2010 from Cheshire and Wirral Partnership Trust (CWP) for a 2 year period. The service is linked directly to the 5 local hostels including the Women's Refuge and the local bail hostel Rose Brae. The mental health practitioner carries out the following activities:

- Early assessment for homeless people with mental health problems.
- Support to client and hostel staff whilst awaiting full assessment and treatment for individual clients.
- Design and provision of mental health training for hostel staff.
- Raises awareness of homelessness within mainstream mental health services
- Collection of robust data on the mental health needs of homeless people with mental health problems
- Robust monitoring, review and evaluation of the service and make recommendations for service development if necessary.

4.7.2 The service works closely with local mental health services, the nurse practitioner for the homeless, Wirral Drug Service and Wirral Alcohol Service 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 health and social care needs of homeless individuals.

4.7.3 This project is still in its infancy; however qualitative evidence from hostel staff suggests the service is achieving positive outcomes. Further performance management data and service user feedback will be available and reviewed as part of the contract management arrangements with CWP.

4.8 **Health and Homelessness Strategy**

A Health and Homelessness Strategy is also being developed in support of the Council's Homelessness Strategy which is due to be refreshed. The Health and Homelessness Strategy will review the services currently being provided, assess the information we currently have on the health care needs of local homeless people and make recommendations for future service development.

5.0 RELEVANT RISKS

- 5.1 All 3 projects are funded on a temporary basis so there is a risk that the services, if withdrawn, will leave a significant gap in service provision.

6.0 OTHER OPTIONS CONSIDERED

- 6.1 N/A

7.0 CONSULTATION

- 7.1 The research carried out in 2008 involved consultation with homeless people, hospital staff and providers from the community and voluntary sector working directly with homeless people. The services outlined in this report were developed in response to this research. Further consultation is planned as part of the overall evaluation of the projects.

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 8.1 The success of these services depends on a multi-agency approach and providers from the voluntary sector were involved in the original consultation and will be involved in the monitoring and evaluation of the services.

9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 9.1 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.
- 9.2 Investment into the 3 health and Homelessness projects amounts to approximately £270,000; this is less than the amount quoted in the earlier report to OSC because the original intention was to commission 2 primary care nurses with a broader remit. It was later agreed that 1 specialist nurse practitioner would achieve the required outcomes.
- 9.3 51 people have stayed in hospital for a shorter period due to the involvement of the Hospital Link Worker. It is estimated that this achieved cost savings for the health and social care economy of at least £58,500 over a 10 month period.
- 9.4 Opportunities for the identification of further savings will be monitored in the short and long term by;
- Improving access to low and medium level mental health services for homeless people,
 - Preventing the need for more intensive mental health input,
 - Reducing the number of hospital admissions and repeat admissions
 - Reducing the number of presentations at A & E.
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10. LEGAL IMPLICATIONS

10.1 NONE

11. EQUALITIES 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 the 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.

The services provided form part of an overall strategy to move homeless people through a health and social care pathway out of poverty and into a more stable lifestyle.

11.2 Equality Impact Assessment (EIA)

These services form part of the Council's Homelessness Strategy and an EIA was carried out on the Strategy in March 2007.

12. CARBON REDUCTION IMPLICATIONS

12.1 NO

13. PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 NO

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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Well Being Overview and Scrutiny Committee	10 November 2009
