

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee
Date:	22nd January 2019

Progress Report on Implementation: Homeless Health

Review Information

Date approved at City Council:	7 July 2015
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	21 st February 2017

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

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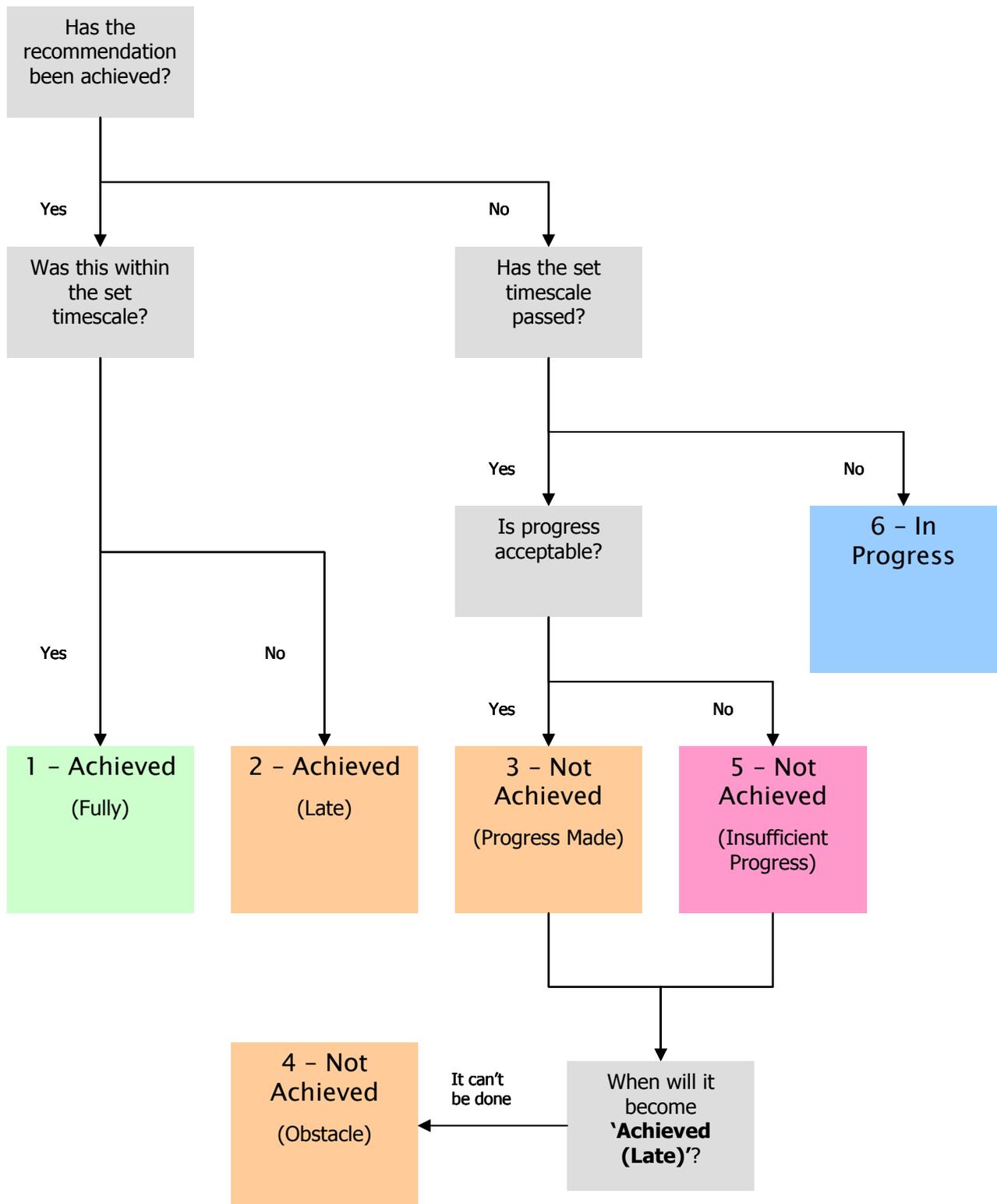
Appendix 1: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	<p>That services should be commissioned in a joined up way wherever possible, specifically when commissioning services for people with a dual diagnosis of either:</p> <ol style="list-style-type: none"> 1. mental health and substance misuse or 2. people with alcohol problems who also suffer from dementia, <p>where there is currently a gap in service provision.</p>	Cabinet Member for Health and Social Care	31 January 2016	2
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>A dual diagnosis protocol was put in place at the commencement of the CGL contract by the BSMHFT. This protocol was reviewed by CGL and a revised protocol approved by CGL and the BSMHFT in place and being adhered to.</p> <p>Substance Misuse Commissioners will review the effectiveness of the Protocol to ensure it is effectively embedded.</p>				

R06	<p>That a forum or other appropriate mechanism be established between HM Prison Birmingham and Birmingham City Council to facilitate more joined up working with prisons and the probation services to provide improved pathways between prison and the general community with a view to:</p> <ol style="list-style-type: none"> 1. Linking prison healthcare provision better to wider community healthcare services on release from prison in particular for prisoners with serious mental health, drug and/or alcohol problems; 2. Supporting prisoners into appropriate accommodation before and after discharge from prison; 3. Prioritising appropriate accommodation for homeless women in contact with the criminal justice system. 4. Supporting prisoners to link into the benefit system before and after release from prison. 5. Providing/sharing information about services available in the community to facilitate improved pathways between prison and the general community. 	<p>Cabinet Member for Health and Social Care</p> <p>Cabinet Member for Neighbourhood Management and Homes</p>	31 March 2016	2
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Birmingham is looking to use the Youth Justice Accommodation Pathway developed by St Basils and adapt it across a wider offender cohort.

Discussions have taken place with the National Offender Management Service to ensure that homelessness and the need to ensure appropriate pathways for offenders are a key feature in their reducing reoffending strategies and plans.

BCC officers inform this agenda through being a member of the regional offender accommodation group.

National Probation Service and the Community Rehabilitation Company are a part of the Homelessness Partnership Board.

The Homelessness Reduction Act draft Code of Guidance includes a whole chapter on Offender Pathways and Criminal Justice Agencies are part of the Stakeholder Group to ensure effective implementation.

A draft protocol has been developed by CRC to ensure planned pathways into accommodation upon prison discharge which will include tenancy readiness, benefit access and awareness of services in the community

In addition there is a mental health prison in reach team who will support individuals upon discharge into appropriate pathways of care.

Update

The Pathway work for the offender's client groups has commenced as part of the delivery of the Homelessness Prevention Strategy Action Plan. This has been through dialogue with the National Probation Service and Community Rehabilitation Company. The timeline for the commissioned elements of the new services has commenced. The mobilisation of the new services will commence November 2019.

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded. They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	That potential locations in the city centre be explored to find the most suitable venue which can be made available to be used as a central point where homeless people can go to access information, advice and support on accommodation, benefits (including accessing a computer to start the process of registering to make a claim) and be referred to available health services without needing to make an appointment or travel to one of the customer service centres.	Cabinet Member for Neighbourhood Management and Homes Cabinet Member for Health and Social Care as Chair of the Health and Wellbeing Board	30 September 2015 for final version of Welfare Specification and new service to start 1 April 2016. 31 July 2015 for remodelled Housing Advice Centre Options	1
R02	That the three Birmingham Clinical Commissioning Groups should explore: <ol style="list-style-type: none"> 1. How they can make it easier for homeless people to register with a GP even if they are only temporarily residing in an area and have a permanent address elsewhere or have no permanent address. 2. How homeless people can be facilitated to maintain registration on a GP list once they have registered even if, due to the transient nature of their lifestyle, they subsequently move out of that area. 	Birmingham Cross City, Birmingham South Central and Sandwell and West Birmingham Clinical Commissioning Groups	31 March 2016 Health and Wellbeing Board Agenda 13 October 2015	1
R03	That the multi-agency working that is already starting to happen to tackle the housing and health problems of people sleeping rough in the city centre by connecting rough sleepers to local support and services is strengthened. Groups already in existence need to be reviewed to establish whether they are working together effectively with a view to building on the existing protocol and the work already being done by the StreetLink multi-agency working group, to ensure that relevant agencies are alerted before major regeneration work starts, to provide an opportunity to support homeless people squatting or sleeping rough in the area.	Cabinet Member for Neighbourhood Management and Homes Cabinet Member for Health and Social Care	31 October 2015	2

These recommendations have been tracked previously and concluded. They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R05	That wherever possible services for homeless people should be designed to reach out to homeless groups who need them by moving away from a silo culture and exploring options for placing statutory services where homeless people already attend, such as the Homeless Health Exchange or SIFA Fireside, along the lines of the Inclusion Healthcare Social Enterprise Model	Cabinet Member for Health and Social Care Cabinet Member for Neighbourhood Management and Homes	31 October 2015	2
R07	That the Joint Commissioning Team should examine the feasibility of commissioning an emergency and/or out of hours specialist homeless primary care service for the city.	Cabinet Member for Health and Social Care Birmingham and Solihull Mental Health NHS Foundation Trust Cabinet Member for Neighbourhood Management and Homes	31 December 2015	2
R08	That the best way to provide a direct line of communication between the City Council and people sleeping rough in the city centre who have a problem or a complaint, for example through advice surgeries in the city centre, be explored.	Cabinet Member for Neighbourhood Management and Homes	October 2015	1
R09	That an assessment of progress against the recommendations made in this report be presented to the Health and Social Care O&S Committee.	Cabinet Member for Neighbourhood Management and Homes	31 October 2015	1