

Executive Response to Health & Adults Overview & Scrutiny Review: Homeless Health Scrutiny Report -8 Day Rule Commentary

We would like to thank the members of the Health and Adults Overview and Scrutiny Committee for their commitment to addressing the health needs of our City's homeless communities. The range of evidence set out in the report acknowledges the existing good practice, and how the City, together with our partners specifically those in the third sector are responding innovatively to the challenge. However, the report and recommendations clearly identify the need for all services to continue to work collaboratively and more creatively.

A home is more than just a roof; it is the platform upon which we build happy and successful lives. It's the bedrock of strong and resilient communities. It's about educational attainment, it's about sustainability, it's about employment and it's about health and happiness too. The report contains many startling statistics, but three in particular stand out very starkly indeed:

- The average age of death of a homeless man is 47;
- The average age of a homeless woman is 43;
- A homeless person is 9 times more likely to commit suicide than the general population.

Homelessness is a major focus of Birmingham's Health and Wellbeing Strategy. We are working to reduce the number of people and families who are statutory homeless; and working with our partners to reduce the health inequalities experienced by our homeless population. The Health and Wellbeing Board have actively promoted and signed up to the St Mungo's Broadway Charter for Homeless Health. The charter strongly echoed the approach we were already taking in promoting and improving the health needs of homeless people in Birmingham. We are glad to report that despite the severe resource challenges we face; we have prioritised homeless investment this year in terms of operational service delivery, homelessness prevention commissioning and a review of the Homelessness Strategy.

We would also like to sincerely thank and acknowledge the elected members from across this Chamber who have held regular Councillor advice bureaux at SIFA Fireside; ensuring the issues that affect some of our most vulnerable and marginalised citizens are tackled and appropriate advice and support provided.

Cllr John Cotton
Cabinet Member Neighbourhood Management and Homes

Councillor Paulette Hamilton
Cabinet Member Health & Social Care

General Comments on the report

Page 8 - 1.1.2 – Statutorily should be ‘statutory’ homeless

Page 11 – 2.1.1 - 40% increase in homeless applications is incorrect – should be rough sleeping

Page 12 – 2.1.3 – Last sentence delete worst and replace with ‘no longer takes the most applications in the country.’

Page 12 – 2.2.2 - 57% male & 41% female = 98% (either a mistake or a person who is transgender?)

Page 16 – 2.3.8 remove ‘necessarily’. ... you will be allocated 140 points if you

Page 18 – 3.1.3 add onto the last sentence – and are therefore owed the main housing duty.

Page 20 - 3.3.4 should read ‘Health Exchange’

Page 21 – 3.4.4 – The Youth Hub, from the 01/04/15 now deals with all young people aged 16-25, rather than previously it was 16-21

Page 32 – 6.1.2 Third sentence remove ‘in the’ city centre

Page 32 – 6.1.3 – Third sentence – family breakdown and ‘lack’ of social support

Page 32 - 6.1.4 remove ‘coming’ after outcomes

Page 25 – 6.3.5 Second sentence remove ‘be’ before become homeless

Page 36 - Good Practice ‘Midland’ Heart

Page 37 – 7.2.2 Final sentence to hospital ‘than’ the general

Comments on recommendations

	Original Recommendation	Original Responsibility	Original Completion Date	Executive Comment Under 8 Day Rule	Scrutiny Response to 8 Day Rule	Final Executive Comment
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 Inclusion and Community Safety 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 HAC options	The scope of access to services required is included within the specification for the new single welfare service. It needs to be clear that we are referring to non-statutory services and those individuals who have chosen or prefer not to access statutory services. If we are looking at the establishment of a city centre HAC for statutory provision this has been considered and there is not a suitable venue to enable access for the potential numbers of staff and footfall of customers. Work to consider the accessibility and suitability of remodelled Housing Advice Centres is ongoing	For clarification, this recommendation came from the evidence presented to the Inquiry by a group of rough sleepers and was not contemplating the establishment of a city centre Housing Advice Centre. Issues should be covered within the specification for the new single welfare service and the outcome from the work on the accessibility and suitability of the Housing Advice Centres.	
R02	That the three Birmingham Clinical Commissioning Groups should explore: 1. How they can make it easier for homeless people to register with a GP even if they are only	Birmingham Cross City, Birmingham South Central and Sandwell and West Birmingham Clinical	31 January 2016 Health and Well Being	Discussions to take place with CCGs as to how to meet this action as part of multi-agency discussions and will be picked up as	For information, the response received from the CCGs has been appended to this commentary.	

	<p>temporarily residing in an area and have a permanent address elsewhere or have no permanent address.</p> <p>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.</p>	Commissioning Groups	Board Agenda 13 October 2015	<p>part of the Homelessness Strategy Review.</p> <p>Social Inclusion services commissioned by Supporting People Programme have included mandatory outcomes for providers to support service users in registering with GPs.</p> <p>Formal item to be added to the Health and Wellbeing Board in October</p>		
R03	<p>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.</p>	<p>Cabinet Member for Neighbourhood Management and Homes</p> <p>Cabinet Member for Health and Social Care</p>	31 October 2015	<p>The review of existing services is underway as part of the development of the new welfare service. In addition a task and finish group has been looking at public place nuisance to ensure coordinated service responses. As a result further consideration is being given to a Homelessness Outreach Triage service with the Police and a remodelling of MH outreach to consider real time Outreach Reactive service. Finally options are being explored to have a central database for rough sleepers that can be accessed by all partners.</p>		

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, where there is currently a gap in service provision. 	Cabinet Member for Health and Social Care	31 January 2016	Policy and Commissioning and Homeless prevention fund and public health are aligning funding to jointly commission new welfare service. As part of market testing and shaping discussions will be had with health partners re their potential involvement in elements of joint commissioning and potential aligned funding. Consultation is currently underway for the integrated disabilities commissioning which includes Public Health, the Third Sector Team and CCGs for new contracts to commence in June 2016.		
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	<p>Cabinet Member for Health and Social Care</p> <p>Cabinet Member for Neighbourhood Management and Homes</p> <p>Cabinet Member for Inclusion and Community Safety</p>	31 October 2015	The new welfare service will work on the model that appropriate services statutory and non-statutory health services will be available in one location where vulnerable homeless frequent for food and basic welfare services. The access to statutory and universal services will be available from the same location.		
R06	That a forum or other appropriate mechanism be established between HM Prison Birmingham and Birmingham City Council to facilitate more joined up	Cabinet Member for Health and Social Care	31 March 2016	The establishment of the SP Gateway enables single access into accommodation and	Evidence was only received from HM Prison Birmingham but acknowledge that	

	<p>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. 	Cabinet Member for Neighbourhood Management and Homes		<p>support. Work is underway with CRC/NPS to look at accommodation pathways for offenders being released from prison and already within the community. Pathways Services are developing an accommodation pathway matrix to support criminal justice agencies with informed choices and options to accommodate offenders. Need to be clear that Birmingham Prison is not the only prison where Birmingham offenders will be released from. CRC/NPS have main lead for accommodating. This will be a standing item for discussion and review at the Birmingham Offender Accommodation Forum.</p>	<p>pathways between prison and the general community need to be improved for Birmingham offenders on release from any prison.</p>	
R07	<p>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.</p>	<p>Cabinet Member for Health and Social Care</p> <p>Birmingham and Solihull Mental Health NHS Foundation Trust</p> <p>Cabinet Member</p>	31 December 2015	<p>Discussions to take place with BSMHFT to look at how this would operate and its effectiveness out of hours. This will need to be considered with current mental health places of safety provision at Oleaster. Further</p>		

		for Neighbourhood Management and Homes		development and enhancement of mental health triage car also needs to be assessed. BSMHFT are also exploring a proposal to provide free Mental Health First Aid training to key organisations which will help in early identification and improved assessment of mental health conditions. Task and finish group with key partners to be established to review options		
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		Elected Member advice surgeries have already commenced operating from SIFA. A second venue is being considered at an alternative venue so that two surgeries are in place per month. The surgeries need to be formally constituted and advertised.		
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		The HOSC members are encouraged by the positive responses to the recommendations contained in this report and by the fact that much work is already underway.	

Response sent on Behalf of Birmingham CrossCity, Birmingham South Central and Sandwell and West Birmingham Clinical Commissioning Groups (CCGs).

The CCGs collectively, welcome the opportunity to respond to your report and are committed to working within Birmingham for the health and wellbeing of this population.

Your report indicates that the three Birmingham Clinical Commissioning Groups should explore:

- 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.**

Response:

From 1st April 2015 the three Clinical Commissioning Groups that serve the Birmingham population took on full delegated responsibility for the commissioning of General Practice.

Therefore, the three CCGs have taken on delegated power which includes the contract for the homeless, as referred to in your report, provided by Birmingham and Solihull Mental Health Foundation Trust.

This contract supports the delivery of Primary Care Services to the homeless population of Birmingham. The committee may be aware of the responsibility of General Practice within their current contractual arrangements to register patients as temporary residents. This allows Practices to use their practice address to enable registration for individuals with no fixed abode .

The CCGs understand that NHS England has undertaken work with General Practices, across the City, in relation to ensure practices fully understand their contractual obligations in relation to registrations. The CCG intend to learn from this as they undertake their delegated responsibility.

- 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.**

Response:

The current registration process for General Practice retains an individual on a Practice List, unless the individual makes the choice to register at an alternative practice. Due to patient choice being enacted, the electronic process automatically transfers the individual to the their requested practice along with all medical history.

Practices have the right to enact the zero tolerance policy, in exceptional circumstances where the Police have been involved. This will result in an individual being removed from their practice list. However, there is a commissioned General Practice service for patients removed under this policy.

Furthermore the three CCGs are keen to work collaboratively together to potentially explore new models of care in the future to meet the needs of this population.