Birmingham Health and Wellbeing Board

	Agenda Item: 5
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th September 2015**
TITLE:	**HOMELESS HEALTH SCRUTINY COMMITTEE INQUIRY**
Organisation	**Birmingham City Council**
Presenting Officer	**John Hardy - Development Officer**

Report Type:	**Discussion/Decision**

1. Purpose:

To summarise the findings of the inquiry and seek the Board's agreement to progress three of the recommendations.

2. Implications:

BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

The Health & Wellbeing Board is asked to agree the actions to support and progress the following :

3.1 The three Birmingham Clinical Commissioning Groups exploring how to make it easier for homeless people to register with a GP and how they can be facilitated to maintain registration.

3.2 Services being commissioned in a joined up way where possible specifically for people with a dual diagnosis of mental health and substance misuse or alcohol problems and dementia.

3.3 The Joint Commissioning Team examining the feasibility of commissioning an emergency and/or out of hours specialist homeless primary care facility.

4. Background

4.1 Homelessness is about more than rooflessness. A home is not just a physical space it also has a legal and social dimension providing roots, identity, a sense of belonging and a place of emotional wellbeing. Homelessness is about the loss of all of these and is an isolating and destructive experience.

4.2 Homelessness and health are inextricably intertwined. Being homeless is physically and mentally difficult and has significant negative consequences on health with the result that people who are homeless experience some of the worst health problems in our society. They are vulnerable to illness, poor mental health and drug and alcohol problems and are more likely than the general population to have multiple and complex physical and mental health needs.

4.3 In spite of suffering worse health than the general population, homeless people often struggle to access healthcare services. Some of the barriers include difficulty in accessing primary care such as the inability to register with a GP. This is often due to a lack of proof of identity or inability to prove permanent residence in the catchment area or to provide other documentation required to register with a GP.

4.4 In addition health services are designed to treat one condition at a time but homeless people often experience multiple and complex health problems. This means that support needs to be accessed through different parts of the health system which can be difficult to navigate for people who are often leading chaotic lifestyles and dealing with issues relating to mental health and substance misuse. People with complex problems can often find it hard to comply with treatment and fail to attend appointments which can lead to them being excluded from services.

4.5 The inquiry into homelessness set out to explore how health outcomes for homeless households differ from the wider population and what can be done to close the gap. The aim was to develop a clear understanding of health issues experienced by vulnerable and excluded homeless households in terms of outcomes and service provision with a view to informing the future commissioning of health services for this group of people

4.6 The inquiry considered the following:

- Homelessness in Birmingham;
- Statutory homelessness;
- Young people and homelessness;
- Homelessness and rough sleeping;
- Joint working;
- Healthcare needs amongst homeless; and
- Medical care for the homeless: Primary care.

4.7 The inquiry concluded:

- There is an intrinsic link between health and homelessness;
- Homeless people face poorer health than the general population with many suffering long term physical and mental health problems. This can be difficult to manage for people who are living in hostels or on the street and they struggle to access the healthcare that most people take for granted.
- The failure to improve health at an early stage places a significant financial burden on the health system in terms of avoidable emergency admissions to hospital and reliance on long term care.
- Some services are very effective in addressing the health needs of homeless people and there are some excellent examples of innovative and flexible approaches to addressing the health needs of the homeless, with inclusive commissioning and effective joint working. However, it is clear that local authorities and homelessness services need to listen to what homeless people have to say in order to work together to provide more flexible and person centred services designed to meet the health needs of homeless people.

4.8 The inquiry generated nine recommendations and a full list can be seen in **Appendix A**. There are three recommendations that the Board are asked to consider, support and progress and are shown at the front of the report and highlighted in the list at **Appendix A**.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	The proposals contained in this report are clearly linked and strongly support the objectives of the Health and Wellbeing Board. Vulnerable people and keeping people healthy are specific themes of strategy on a page with homelessness, mental health and common NHS and local authority approaches having specific outcomes.
5.2	***Governance & Delivery***
	The inquiry allocates responsibility for each recommendation as shown in **Appendix A,** which includes Cabinet Member for Health and Social Care and the three Birmingham Clinical Commissioning Groups.
5.3	***Management Responsibility***
	The Chair and Vice Chair of the Health and Wellbeing Board will be accountable for appropriate support and progress and Alan Lotinga will be responsible for day to day delivery.

6.	Risk Analysis
	The risk of the recommendations not progressing is medium as delivery relies on a range of agencies and organisations.

Appendices
Appendix A – Homeless Health Inquiry Recommendations

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	P. A Hamilton
Date:	18/09/2015

The following people have been involved in the preparation of this board paper:

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APPENDIX A

Summary of Homeless Health Inquiry Recommendations

	Recommendation	Responsibility	Completion date
RO1	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	30th September 2015 for final version of Welfare Specification and new service to start 1st April 2016.
RO2	That the three Birmingham Clinical Commissioning Groups should explore: • 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. • 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	31st March 2016 Health and Wellbeing Board Agenda 30th September 2015
RO3	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	31st October 2015

RO4	That services should be commissioned in a joined up way wherever possible, specifically when commissioning services for people with a dual diagnosis of either; mental health and substance misuse or 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	31st January 2016
RO5	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	31st October 2015
RO6	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: • 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; • Supporting prisoners into appropriate accommodation before and after discharge from prison; • Prioritising appropriate accommodation for homeless women in contact with the criminal justice system; • Supporting prisoners to link into the benefit system before and after release from prison; and • Providing/sharing information about services available in the community to facilitate improved pathways between prison and the general community.	Cabinet Member for Health and Social Care Cabinet Member for Neighbourhood Management and Homes	31st March 2016
RO7	That the Joint Commissioning Team should examine the feasibility of commissioning an emergency and/or out of hour specialist homeless primary care service for the city.	Cabinet Member for Health and Social Care Birmingham and Solihull Mental Health NHS Foundation Trust	31st December 2015

RO7 cont'		Cabinet Member for Neighbourhood Management and Homes	
RO8	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	Already commenced – progress update 31st October 2015
RO9	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	31st October 2015