

**Item 6.9**

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| **Report to:** | Planning and Commissioning Committee |
| **Date of Meeting:** | 1st February 2019 |
| **Title of Report:** | Homeless Discharge Service Specification |
| **Presented by:** | Toni Yel, Head of Integrated Commissioning |
| **Author:** | Toni Yel, Head of Integrated Commissioning |

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| **STATUS OF THE REPORT:**  X |  |
| To approve | To endorse |
| To ratify | To discuss |
| To consider | For information |
| To note |  |

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| **PURPOSE OF REPORT:**  **RECOMMENDATIONS:**   |  |  | | --- | --- | | a | That the Planning and Commissioning Committee review and approve the Homeless Discharge Service Specification. | |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | | X  No | Yes |
| If yes, detail grounds for  exemption |  | | |

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| **CCG STRATEGIC OBJECTIVE** *(See guidance notes on page 4)*  Vulnerable people |
| *Short summary as to how the report links to the CCG delivering its strategic objectives*   * People who are affected by homelessness attend A&E six times more and stay longer once admitted than the general population and less likely to have their underlying issues dealt with our have somewhere to go * Homeless Link 2014 national health audit evidences that people experiencing homelessness have start health inequalities with rough sleepers’ life expectancy more than 30 years shorter than the general population * Up to 80% of people experiencing homelessness have mental health problems; including personality disorders, depression and schizophrenia |

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| **IMPLICATIONS:** (*summary of key implications, including risks, associated with the paper*), | |
| Finance | Funding has been agreed for a 2 year proof of concept via the Prioritisation Panel recommendation and approved via Planning & Commissioning at the November 2018 meeting. A procurement exercise will be undertaken. |
| HR | None |
| Quality | None |
| Safety | None |

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| **ENGAGEMENT:** (*Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this*)   * Hull City Council Housing Team, Commissioning Team * Healthwatch Report * Voluntary & Community Organisations providing service to those who are homeless * People in the City who are homeless * HEYHT * GP Lead for Vulnerable People |

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| **LEGAL ISSUES:** (*Summarise key legal issues / legislation relevant to the report*)  There are no specific legal issues with regard to the proposal, although procurement decisions inherently carry a risk of legal challenge. |

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| **EQUALITY AND DIVERSITY ISSUES:** (*summary of impact, if any, of CCG’s duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA* *and will not be received by the Committee if this is not appended to the report*)   |  |  | | --- | --- | |  | ***Tick relevant box*** | | An Equality Impact Analysis/Assessment is not required for this report. |  | | An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment. | *√ - completed and awaiting approval via Amanda H* | | An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report. |  | |

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| **THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*)  The NHS Constitution, “The NHS belongs to us all” (March 2012), outlines 7 key principles which guide the NHS in all it does. These are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.  These are:   1. The NHS provides a comprehensive service, available to all. 2. Access to NHS services is based on clinical need, not an individual’s ability to pay. 3. The NHS aspires to the highest standards of excellence and professionalism 4. NHS services must reflect the needs and preferences of patients, their families and their carers’. 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. 6. The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources. 7. The NHS is accountable to the public, communities and patients that it serves.   This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.  The Five Year Forward View for Mental Health (FYFV MH) was published in February 2016. The report sets out the vision to improve the mental health of children, young people, working age adults and older people. |

**Homeless MDT Model**

#### 1. INTRODUCTION

#### The purpose of this report is to share with the Planning and Commissioning Committee the Service Specification for the Homeless Discharge Service following approval of the funding for a 2 year proof of concept at the meeting in November 2018.

**2. BACKGROUND**

‘Pathway’ is a model of integrated healthcare for homeless people and rough sleepers; it puts the patient at the centre of their own care. Pathway is the UK’s leading homeless healthcare charity, helping the NHS to create hospital teams to support homes patients. Pathway has supported 11 hospitals to create homeless healthcare teams, helping over 3500 patients every year. Many of the people they support have complex combinations of physical illness, mental illness, substance misuse problems and histories of trauma or abuse.

#### 3. INFORMATION

Life on the streets is hard; being homeless is extremely bad for your health. Disease rates can be ten times higher than those found in the housed population. Getting ill can also be a trigger for homelessness, through losing your job, or struggling to manage life with a mental health or addiction problem.

Pathway was founded to show that homelessness is a healthcare problem. Good health services have a vital part to play in helping people with their health, but they can also help patients address the problems that led them to the street.

Homeless patients attend A&E six times as often as housed people. They are admitted to hospital four times as often and stay twice as long. This is because they are two to three times sicker when they arrive.

Without an address it’s hard to register with services. Homeless people go to A&E because their health has deteriorated to the point of emergency

##### 4. ENGAGEMENT

A Thematic Review was undertaken by Healthwatch Hull in December 2018 of access to health services in Hull for those with no fixed abode (Appendix A). The review involved speaking to people who are homeless and agencies across the Voluntary and Community sector that support them. The key themes that emerged were:

* **Attitudes of Staff** – Many respondents felt that they were treated differently because of their housing status. Respondents perceived that they were judged by staff at the health services and there was an assumption that they had addiction issues. This translated to people finding services reluctant to deal with them as the signs and symptoms of illness were blamed on addiction rather than medical reasons.
* **Services are not accessible for those with No Fixed Abode** - Respondents felt that they were unable to access a lot of services because their situations do not fit ‘the norm’. Therefore they did not try to access services until they had reached a crisis point.
* **Hospital Discharge** – Respondents felt that the discharge process from hospital did not take into account their personal circumstances. There was a lack of after care provided and the continuation of community services, such as addiction services were not put into place before discharge.

Hull CCG also undertook its own engagement to support the development of the specification. This was via two Voluntary and Community Groups; Hull Homeless Community Project and Emmaus. A full report can be found in Appendix B. The key conclusions from the engagement are as follows;

* Additional engagement is recommended as the model develops; working in partnership with agencies that have an established and trusted relationship with those who are homeless or on the edge of hopelessness has worked well.
* The model should have close links with depression and anxiety services, as well as public health input for those who wish to make positive health changes, for example quit smoking and drinking.
* Respondents feel that being homeless or sleeping rough has a direct negative effect on their health.
* Although experiences, on the whole, are positive, there are some that feel their negative experience is due to the way they are treated by staff, it is not clear of this is solely down to their housing status or related to drug use as well.
* Some additional work should be undertaken relating to the RESPECT programme for this cohort of patients. Respondents state that their next of kin would be a parent; identifying the next of kin in a situation where the individual is unable to communicate or make decisions, may be particularly difficult for this group of people, more so than for those with an address.

##### 5. RECOMMENDATIONS

The Planning and Commissioning Committee review and approve the Service Specification.

**6. APPENDICES**

Appendix A Appendix B

 