

Cabinet	 TOWER HAMLETS
19 December 2018	
Report of: Denise Radley, Corporate Director, Health, Adults & Community Ann Sutcliffe, Acting Corporate Director, Place	Classification: Unrestricted
Homelessness Scrutiny Review Report and Action Plan	

Lead Member	Councillor Denise Jones, Cabinet Member for Health & Adult Services
Originating Officer(s)	Daniel Kerr, Strategy, Policy & Performance Officer
Wards affected	All wards
Key Decision?	Yes
Forward Plan Notice Published	30/11/2018
Reason for Key Decision	Impact on Wards
Strategic Plan Priority / Outcome	1. People are aspirational, independent and have equal access to opportunities; 3. A dynamic outcomes-based Council using digital innovation and partnership working to respond to the changing needs of our borough.

Executive Summary

This report submits the report and recommendations of the review of health and social care provision for homeless residents in Tower Hamlets, by the Health Scrutiny Sub-Committee, and the action plan for implementation.

Recommendations:

The Mayor in Cabinet is recommended to:

1. Consider the report of the Health Scrutiny Sub-Committee and agree the action plan in response to the report recommendations.

1. REASONS FOR THE DECISIONS

- 1.1 Homelessness is a growing and complex problem which reaches right across health, public health, and social care. Homelessness has been a historical problem in Tower Hamlets and continues to be a pressing issue due to reforms to the welfare system, the austerity measures of the current government, rising house prices, rent and fees, and the national housing shortage leading to unaffordability of homes.
- 1.2 Homeless people experience poorer health outcomes than the general population and are vulnerable to illness, poor mental health, drug and alcohol problems, and are more likely than the rest of the population to have multiple complex physical and mental health needs. The average age of death for a homeless person is 30 years below the national average. There are also issues around hospital discharge. Evidence shows that more than 70 per cent of homeless people were discharged from hospital back onto the street, without their housing or underlying health problems being addressed.
- 1.3 Homeless people may experience difficulty accessing health care. For them health may be a secondary priority, meaning they do not access preventative services and health problems only get addressed when they become acute . They experience difficulty in accessing primary care as they encounter difficulty registering with a GP. This is often due to 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. This leads to a heavy dependence on acute health services. The Homeless population have a disproportionately high reliance on unplanned health care services and A&E. They have a high level of missed outpatient appointments and individuals rarely seek early stage or preventative treatment. This places considerable pressure on the NHS and has significant cost implications. National evidence indicates that the number of A&E visits and hospital admissions is four times higher for homeless people than for the general public , and the Department of Health estimated that the annual cost of hospital treatment alone for homeless people is at least £85 million a year. This means costs of more than £2,100 compared to £525 per person among the general population .
- 1.4 The Sub-Committee was concerned that provision for homeless residents is not as effective or as efficient as it is for other groups. As the health and social care system is undergoing a move towards greater integration of services it is an opportune time to review the approach towards treating the homeless to understand what their key needs are, how they are accessing services, and what impact they have on the health and social care system.

- 1.5 This report seeks the endorsement of the Mayor in Cabinet of the Sub-Committee's review and its related Action Plan. Through the implementation of the Action Plan many of the issues identified in the review will be targeted and improved.

2. ALTERNATIVE OPTIONS

- 2.1 To take no action. This is not recommended as the scrutiny review provides an evidence base for improving health and social care services for homeless residents in Tower Hamlets.
- 2.2 To agree some, but not all recommendations. All of the recommendations are achievable within existing resources as outlined in the Action Plan.

3. DETAILS OF THE REPORT

- 3.1. The Tower Hamlets Health Scrutiny Sub-Committee identified the effectiveness of health and social care provision for homeless residents as the subject for a Scrutiny Review. Homelessness is a complex and growing problem which reaches right across the health, public health and social care agendas. It has been a historic problem in Tower Hamlets and the Borough has the 9th highest number of homeless people in the United Kingdom. It continues to be a pressing issue due to reforms to the welfare system, the austerity measures of the current government, and the ongoing national housing crisis, which is creating affordability pressures in the owner-occupier and rental sectors.
- 3.2. Chronic homelessness is an associated marker for tri-morbidity; meaning homeless residents are vulnerable to a combination of physical ill-health, mental ill-health, and substance misuse. Homeless individuals experience significantly poorer health outcomes than the general population and their health issues are more complex and exacerbated. The average age of death for a homeless person is 30 years below the national average. There are also serious challenges around hospital discharge as evidence indicates that more than 70% of homeless people are discharged from hospital back onto the street, without their housing or underlying health problems being addressed.
- 3.3. Homeless people may experience difficulty accessing health and social care services and they have a disproportionately high reliance on unplanned health care services and A&E. For them, their health may be a secondary priority, meaning they have a high level of missed outpatient appointments and they do not access early stage or preventative treatment. Subsequently, their health problems only get addressed when they become acute. Additionally

they experience challenges in accessing primary care as they encounter difficulty registering with a GP. This is often due to their inability to prove permanent residence within a catchment area or provide the appropriate documentation required to register with a GP. This leads to a heavy dependence on acute health services which has significant cost and demand pressures on the NHS. National evidence indicates that the number of A&E visits and hospital admissions is four times higher for homeless people than for the general public, and the Department of Health estimates that the annual cost of hospital treatment alone for homeless people is at least £85 million a year. This means costs of more than £2,100 per person compared to the £525 per person cost among the general population.

- 3.4. The Sub-Committee wanted to review the quality of provision for homeless residents in order to develop a clear understanding of the health and social care issues they experience in terms of outcomes and service provision, with a view to informing the future commissioning and provision of health and social care services for this group of people. The Scrutiny Review is underpinned by four key questions:

- What are the main barriers in providing effective health and social care for homeless residents in Tower Hamlets?
- How do health outcomes for homeless residents in Tower Hamlets differ from the wider population?
- What is the response to addressing the health and social care issues for these groups from local health and social care commissioners and providers?
- What more can health and social care providers do to address inequality in access and outcomes for homeless residents?

- 3.5. The report with recommendations is attached at Appendix 1. Fourteen recommendations have been made:

- **R1:**That the CCG provides training to staff in GP surgeries and for other health professionals to support them to deal with some of the behaviours which may be encountered when engaging with homeless people.
- **R2:**That LBTH Adult Social Care and the CCG explore the possibility of providing all frontline workers and auxiliary staff (i.e. staff in ideas stores, parks service) with training and awareness raising sessions to help them identify and signpost the hidden homeless, and how to ask

the appropriate questions without offending them. Information on provision for homeless people should be made available at all public facing council services.

- **R3:** That the Council explores the possibility of commissioning specialist provision to accommodate individuals with challenging behaviour (older people, substance misuse issues) who can no longer remain in mainstream provision for their safety or the safety of others. Many of these individuals are beyond the point where traditional treatment programmes are appropriate.
- **R4:** That the Council and CCG review how palliative care is provided to people living in hostels and temporary accommodation.
- **R5:** That the CCG explore the possibility of commissioning a peripatetic team consisting of a paramedic and advanced care practitioner in mental health to provide a visiting service to very difficult to manage and violent patients.
- **R6:** That a person's housing issues are identified and addressed as part of the social prescribing programme in the borough.
- **R7:** That Barts Health Trust reviews its discharge planning process to ensure that staff routinely asks all patients on admission if they have somewhere safe to be discharged to. Where a housing issue is identified a referral should be made as soon as possible to the Pathway Homeless team so that appropriate support is put in place before discharge. Where patients who are homeless or in insecure accommodation had a package of care in place prior to the admission ward staff should notify social services on admission so they are aware and again on discharge so that the care can be restarted.
- **R8:** That the council and the CCG review the way services share information and consider if the introduction of GDPR and the review of systems that follows will allow for more information to be shared between services to support the way homeless residents access and engage with services.
- **R9:** That the Housing Options service works with organisations involved in this Review, and with individuals who present at Housing Options, to find out what they consider to be a safe offer of temporary accommodation and provide insight into what they value and how they would feel better supported upon approach

- **R10:** That the council performs further research on the impact homelessness has on the health needs of women who are rough sleeping, in Temporary Accommodation, or hostels.
- **R11:** That the council performs further research into the relationship between homelessness and VAWG with a view to updating the VAWG strategy to include a stronger consideration of violence against homeless women.
- **R12:** That LBTH Adult Social Care explores the possibility of establishing a partnership forum (including commissioners, providers, third sector) to discuss the health and social care issues, provision, and cases of homeless residents in LBTH.
- **R13:** That Healthwatch Tower Hamlets reach out to the organisations involved in this Review and establish a link to share the information they collect on homeless people's experiences of using health and social care services in the borough.
- **R14:** That Healthwatch Tower Hamlets work with Groundswell to disseminate 'My Right to Healthcare' cards across the borough and ensure they are available in all GP surgeries.

4. EQUALITIES IMPLICATIONS

- 4.1 Homeless households experience significantly poorer health outcomes than the general population, including shorter life expectancy, higher morbidity, greater usage of acute hospital services, and their health issues are often more complex and exacerbated. This review makes a number of recommendations to ensure greater equity of service and access to health and social care provision between homeless households and the general population in Tower Hamlets. This will be achieved through providing training to frontline workers to support them to better engage with homeless people and gain their trust, exploring commissioning options for the more challenging and harder to reach homeless residents, performing research to better understand the relationship between homelessness and domestic violence, and establishing a partnership forum to support information sharing across the key agencies involved in providing health and social care services to homeless people.

- 4.2 The majority of rough sleepers are male (83%), which is similar to the proportion in London as a whole. However, the number of women sleeping rough has been increasing, and more than doubled from 8% in 2015/16 to 17% 2016/17.
- 4.3 More than half (58%) of rough sleepers are UK citizens. A further 24% are from the European Economic Area, representing a reduction in both numbers and proportion of the total EEA rough sleepers from the preceding year. The ethnic breakdown of the homeless population does not mirror the borough as a whole. The Asian or Asian British population makes up a large proportion of the statutorily homeless population, but a minority of rough sleepers. 60% of the statutory homeless population are Asian/Asian British, 18% are White, and 18% are Black/Black British. In comparison, rough sleepers in the borough are 57% White, 15% Asian/Asian British, and 20% Black/Black British.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:
 - Best Value Implications,
 - Consultations,
 - Environmental (including air quality),
 - Risk Management,
 - Crime Reduction,
 - Safeguarding

5.2 Best Value Implications

- 5.2.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty
- 5.2.2 Many of the recommendations relate to improving early intervention and prevention activities, which have the potential to reduce demand on health and social care services in the longer term

5.3 Safeguarding Implications

- 5.3.1 The report relates to services that have frequent contact with vulnerable adults. Although there are no direct safeguarding implications from this report or 'Action Plan', practitioners must remain mindful of potential safeguarding issues during the implementation of the recommendations

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are no immediate direct financial implications of this report. Service expenditure to support the implementation of the recommendations will be funded through existing resources.
- 6.2 Where the implementation of recommendations may result in the commissioning of new service provision, the relevant governance arrangements will need to be followed, which will include consideration of the financial implications of individual proposals.

7. COMMENTS OF LEGAL SERVICES

- 7.1 Sections 244-247 of the National Health Service Act 2006 govern the Council's health scrutiny function, which gives the Council the power to review and scrutinise matters relating to the planning, provision and operation of the health service in the area and to make recommendations and require a response from NHS bodies.
- 7.2 Under Sections 1-7 of the Care Act 2014, the Council has a number of general duties, including a duty to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support, and to promote the wellbeing of individuals in the borough. Further, there is a general duty to prevent needs for care and support from developing.
- 7.3 These duties, and the Council's duties in respect of assessing and meeting the eligible care and support needs for individuals, apply to equally to people who may currently be homeless, but are physically in the Council's area. The recommendations from Health Scrutiny Sub-Committee to improve the access of homeless people to effective health and social care provision are consistent with these duties.
- 7.4 When considering the recommendations regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- **Appendix 1** – Health Scrutiny Sub-Committee Homeless Health Review Report
- **Appendix 2** – Health Scrutiny Homeless Health Action Plan

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:

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