

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

Action		Status update October 2019
<p>Recommendation 1: 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.</p>		<p>Completed</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • The requirement to provide training to staff in GP surgeries and for other health professionals was included in the service specification for the recently recommissioned Specialist Primary Care service for homeless people (the service which is known as HealthE1). The new specification took effect in April 2019 and a programme of training is being developed for delivery on an ongoing basis from later this year. 		
<p>Recommendation 2: 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.</p>		<p>Completed</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • The Council has delivered a range of training programmes to front line staff in the context of the introduction of the Homelessness Reduction Act 2017. • The Council's website has also been refreshed to include more content on the Council's responsibilities under the Homelessness Reduction Act 2017 and this information is available to both individuals and to public facing services that may be in contact with individuals who are homeless. • The East London Housing Partnership has also developed and delivered training on the Homelessness 		

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p>Reduction Act and in particular the ‘duty to refer’ to a broad range of statutory and voluntary organisations across east London.</p>	
<p>Recommendation 3: 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.</p>	<p>Work in progress</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> The Council has commissioned a specialist external consultancy to undertake an appraisal of the options for developing more specialist provision. A number of those options require financial investment. The options appraisal has been completed and the final report has been provided to the Council. Consideration of the findings from the report will be take forward over the next six months. 	
<p>Recommendation 4: That the council and CCG review how palliative care is provided to people living in hostels and temporary accommodation.</p>	<p>Work in progress</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> Providence Row Housing Association are engaged in a pilot programme with St Joseph’s Hospice to improve palliative and end of life care for individuals living in the hostel sector. The learning from this pilot will be rolled out to the wider hostel and temorray accommodation sector over coming months. 	
<p>Recommendation 5: 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.</p>	<p>Work in progress</p>
<p>How has this recommendation been responded to:</p>	

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<ul style="list-style-type: none"> • This was considered as part of the Commissioning Intentions process for 2019/20. • There are a number of programmes of service development work that are intended to deliver a more holistic response to individuals who are difficult to engage with. These include programmes being developed jointly across Mental Health and drug and alcohol services. Once the new Reset (drug treatment) provider have mobilised the new service further work will be undertaken with them and with Mental Health services to develop a more integrated response to individuals with a dual-diagnosis. 	
<p>Recommendation 6: That a person’s housing issues are identified and addressed as part of the social prescribing programme in the borough.</p>	<p>Completed</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • Follow up work with the commissioners and providers of the social prescribing service have confirmed that where a housing issue is part of an individual’s presenting issues this will be addressed by referring the individual on to the relevant group or agency that can provide the necessary support. 	
<p>Recommendation 7: That Bart’s Health Trust reviews its discharge planning process to ensure that staff routinely ask 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.</p>	<p>Completed</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • The Complex Discharge Team at the Royal London Hospital have undertaken a project to ensure that a person’s housing situation is identified and captured as soon after admission as possible, and that the 	

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p>necessary information is made available to the Complex Discharge Team.</p> <ul style="list-style-type: none"> • The Hospital Social Work service is now undertaking more proactive 'case finding' on the wards at the Royal London in order to identify vulnerable individuals who will require ongoing support following discharge and to ensure that the necessary support is planned and ready for discharge. • There are standard processes in place for suspending and restarting existing packages of care at the points of admission and discharge. Such packages will also be reviewed prior to discharge to take account of any change in need. • Referral routes to both the Pathway Homeless Team and to the Routes to Roots service (for people with a connection to another borough) are in place. 	
<p>Recommendation 8: 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.</p>	<p>Work in progress</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • There are a range of programmes of work in progress to improve information sharing across the health and care system that will benefit homeless residents as well as the wider population. • 'Virtual Ward Rounds' have been introduced as an element of the new contractual arrangements for Specialist Primary Care for homeless residents (Health E1) so that hostels have regular opportunities to discuss individuals whose health needs are giving cause for concern. • The Council is planning to upgrade its information system for social care, from Frameworki to Mosaic in early 2020. Once this implementation is complete it will be possible for the new system to integrate with the East London Electronic Patient Register project, which in turn will allow a broader information share across health and social care practitioners for the benefit of vulnerable patients. 	
<p>Recommendation 9: 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</p>	<p>Work in progress</p>

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p>accommodation and provide insight into what they value and how they would feel better supported upon approach.</p>	
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • The Council’s temporary accommodation offer continues to be developed as part of the wider response to the Homelessness Reduction Act 2017. • Reviews of the accommodation pathways for homeless residents, including the pathways for access to, and move on from, hostel provision are underway led by the Housing Options service. • Where capacity is available in the hstotel sector this is being utilised to provide safer forms of temporary accommodation for residents with low support needs. • A ‘Housing First’ pilot has been initiated to provide a safer temporary accommodation and support offer for individuals with particularly complex needs who have been unable to sustain other forms of temporary accommodation. 	
<p>Recommendation 10: 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.</p>	<p>Work in progress</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • The Council’s Community Insights team is undertaking this research, which is due to be completed by the end of 2019. Progress and emerging findings have been reported regularly to the multi-agency partnership group set up in response to recommendation 12 below. 	
<p>Recommendation 11: 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.</p>	<p>Completed</p>
<p>How has this recommendation been responded to:</p>	

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<ul style="list-style-type: none"> • This was addressed as part of the refresh of the VAWG strategy that took place in early 2019. • The refreshed VAWG strategy maintains commitments to both the provision of refuge spaces and the Sanctuary Scheme (to enable victims to remain in their own homes) as well as placing greater emphasis on trauma informed practice and working with individuals with multiple and complex needs. 	
<p>Recommendation 12: That LBTH Adult Social Care explores the possibility of establishing a partnership forum with Corporate Director as a business sponsor (including commissioners, providers, third sector) to discuss the health and social care issues, provision, and cases of homeless residents in LBTH.</p>	<p>Completed</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • The partnership group was constituted in April 2018 and has met quarterly since then to oversee progress in implementing this action plan. • The future purpose of the group will be reviewed following on from the Health and Adults Overview and Scrutiny Committee’s review of progress in November 2019. 	
<p>Recommendation 13: 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.</p>	<p>Completed</p>
<p>How has this recommendation been responded to:</p> <ul style="list-style-type: none"> • Healthwatch have been an active member of the multi-agency partnership group and findings from engagement with homeless residents have been fed into relevant work programmes and strategy development processes. 	
<p>Recommendation 14: 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.</p>	<p>Completed</p>
<p>How has this recommendation been responded to:</p>	

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<ul style="list-style-type: none">• Healthwatch and Groundswell have worked together to disseminate the cards and to ensure their availability in GP practices.	
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