

Non-Executive Report of the: Overview & Scrutiny Committee 22/03/2018	 TOWER HAMLETS
Report of: Sharon Godman Divisional Director strategy, policy and performance	Classification: Unrestricted
Health Scrutiny Sub-Committee Scrutiny Review; Health & Social Care Provision for Homeless Residents	

Originating Officer(s)	Sharon Godman, Divisional Director strategy, policy and partnership Daniel Kerr, Strategy, Policy and Partnership Officer
Wards affected	All Wards

1. SUMMARY

- 1.1. This paper submits the report and recommendations of the Health Scrutiny Sub-Committee's review of health and social care provision for homeless residents for consideration by the Overview and Scrutiny Committee.

2. RECOMMENDATIONS:

- 2.1. The Overview & Scrutiny Committee is recommended to note the report and recommendations.

3. DETAILS OF 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 households 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 households 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. 14 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 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.
- **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. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This report recommends the Overview and Scrutiny Committee to note the recommendations of the Health & Social Care Provision for Homeless Residents scrutiny review. There are no direct financial implications to the Council from this report, however if the cost of actions carried out to implement recommendations cannot be contained within the existing Council revenue budget and the Public Health grant, then growth funding will need to be requested for consideration as part of the medium term financial planning process.

5. LEGAL COMMENTS

- 5.1 The Committee's Terms of Reference in Part 2, Article 6.01 of the Constitution provides that the Committee will establish a standing Sub-

Committee, the Health Scrutiny Sub-Committee, to discharge the Council's functions under the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

- 5.2 Under the Terms of Reference for the Health Scrutiny Sub-Committee, it will undertake the Council's functions under the National Health Service Act 2006 and associated Regulations and consider matters relating to the local health service within the Council's area as provided by the NHS and other bodies including the Council and to review and scrutinise matters relating to the health service and make reports and recommendations.
- 5.3 The Health Scrutiny Sub-Committee will report to Council, Cabinet or the appropriate Cabinet member and make recommendations, as appropriate. However, all reports and/or recommendations shall first be considered by the Overview and Scrutiny Committee before being reported to Council, Cabinet or the appropriate Cabinet member, as appropriate. It is on that basis that the Committee is receiving this report for consideration.
- 5.4 The scrutiny review explored 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. 14 recommendations have been proposed and those at are for the Council are capable of being undertaken within the Council's powers.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. Health outcomes and average life expectancy are significantly poorer for homeless people in the borough. Homeless people represent some of the most vulnerable people in the borough and the recommendations of this review aims to ensure that the significant health inequalities they face are highlighted and improved.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1. 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

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1. There are no direct environmental implications arising from the report or recommendations.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1. There are no direct risk management implications arising from the report or recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1. There are no direct crime and disorder reduction implications arising from the report or recommendations.
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Linked Reports, Appendices and Background Documents

Linked Report

- NONE.

Appendices

- Appendix 1 – Health Scrutiny Sub-Committee Homeless Health Review Report

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

- NONE

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