

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

Action	Responsibility	Date
<b>Recommendation 1:</b> 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>To provide training for Practice staff and other health professionals to support them to manage some of the challenging behaviours that can be encountered when engaging with homeless people:</p> <ul style="list-style-type: none"> <li>- Leadership, coordination and training of GP practice staff around homelessness to be included as part of the new integrated homeless service specification</li> <li>- The new provider to use PLTs and other practice forums to deliver education and training to relevant frontline staff.</li> </ul>	Jenny Cooke CCG	<p>From April 2019</p> <p>From July 2019</p>
<p>To support Practices improve data collection on homelessness/housing status:</p> <ul style="list-style-type: none"> <li>- To ascertain which EMIS code/s practices need to use for homelessness/housing status</li> </ul>	Jenny Cooke CCG	July 2018
<p>To support Practices to refer patients at risk or threatened with homelessness to the appropriate housing authority:</p> <ul style="list-style-type: none"> <li>- To develop a coding and referral guidance protocol for Practices,</li> <li>- To circulate clear communications to practices on the use of the guidance</li> <li>- To follow up with practices to determine compliance with the guidance</li> </ul>	Jenny Cooke CCG	<p>October 2018</p> <p>October 2018</p> <p>February 2018</p>
<p>To provide a package of support for hostel staff and residents:</p> <ul style="list-style-type: none"> <li>- Use the homelessness pre-procurement engagement events to explore the feasibility of the hostel support from primary care</li> </ul>	Jenny Cooke CCG	Completed by July 2018

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- Provision of training for hostel staff to help them manage resident's behaviour more effectively.		Between February and March 2019
<b>Recommendation 2:</b> 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.		
Raise awareness of the Homelessness Reduction Act and develop the duty to refer protocol.		
- The Housing Options Service will provide briefing sessions to staff within One Stop Shops and Idea Stores to raise awareness of the services available to people who might be homeless or threatened with homelessness with particular emphasis on 'hidden homeless'.	<b>Rafiqul Hoque</b> Housing Option Service, LBTH	March 2019
- The Council's website will be update to ensure homeless applicants are aware of the services available for them to resolve their homelessness. They will also be signposted to other relevant services e.g. benefits, money management, and work-path to ensure clients receive a holistic service so that they receive the necessary support, guidance, and information on their family needs to improve lives as well as sustain tenancies.	<b>Rafiqul Hoque</b> Housing Option Service, LBTH	December 2018
- Work with East London Housing Partnership, develop the Homelessness 'Duty to Refer Protocol and raise awareness with referring agencies.	<b>Rafiqul Hoque</b> Housing Option Service, LBTH	October 2018
<b>Recommendation 3:</b> 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.		

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<p><b><u>Specialist provision to accommodate individuals with substance misuse issues</u></b></p> <ul style="list-style-type: none"> <li>- Map need for specialist provision ( DAAT to engage consultant in relation to substance misuse, to map need for older people with no recovery potential)</li> <li>- 2, Assess market position ( supply and demand) and emerging gaps</li> <li>- Develop options and recommendations</li> <li>- If applicable, develop business case</li> </ul>	<p><b>Rachael Sadegh/Dezlee Dennis</b> DAAT, LBTH</p>	<p>October 2018-September 2019</p>
<p><b><u>Specialist provision to accommodate individuals who are aging</u></b></p> <ul style="list-style-type: none"> <li>- Map current and future needs &amp; supply</li> <li>- Co-produce options with stakeholders and service users</li> <li>- If applicable, develop a business case</li> <li>- Complete governance route</li> <li>- Decide on procurement approach and obtain necessary procurement boards' approval</li> </ul>	<p><b>Aneta Wojcik / Keith Burns (lead) Adults</b> Commissioning, LBTH</p>	<p>October 2018-September 2019</p>
<p><b>Recommendation 4:</b> That the council and CCG review how palliative care is provided to people living in hostels and temporary accommodation.</p>		
<p>Implement mainstreamed new palliative care pathway within rough sleeping and supported housing services</p>	<p><b>Cathryn Maybin, Stephanie Graden Aneta Wojcik Kath Dane</b></p>	<p>July - December 2018</p>

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Evaluate success of palliative care pathway amongst homeless population	<b>Cathryn Maybin, Stephanie Graden Aneta Wojcik Kath Dane</b>	January 2019
.Appreciative enquiry focus group with stakeholders	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	February 2019
If required, co-produce palliative pathway review with stakeholders including service users	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	March-April 2019
Implement reviewed palliative care approach/pathway for homeless people	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	April 2019 onwards
Monitor implementation and produce 6 months implementation summary report for the scrutiny panel –	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	April – September 2019
<b>Recommendation 5:</b> 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.		

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<p>A proposal to deliver a service of this type has been included in the initial stages of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) planning for 2019/20. The proposal will be tested for impact against other QIPP proposals in order to determine whether said impact is sufficient, comparative to other schemes proposed, to be funded. If successful, funding may be for a pilot period.</p>		
Proposal submitted	<b>Carrie Kilpatrick</b> CCG	18 July 2018
<p><b>Recommendation 6:</b> That a person's housing issues are identified and addressed as part of the social prescribing programme in the borough</p>		
<p>The social prescribing scheme takes a holistic approach, using motivational interviewing and coaching, among a range of techniques, to provide the patient with a package of support tailored to their individual need. A 'Person Centred Outcome Tool' called 'MyCAW' is used to identify priorities to the patient, and identify how the package of support that has been agreed has made a difference to them. The service is not prescriptive about the issues need to be addressed in consultations and leaves these to be determined through a structured conversation with the patient. At present, housing related needs constitute 11% of the overall volume of needs identified.</p>		
<ol style="list-style-type: none"> <li>1. Social prescribing principles currently applied ( based on person centred, personalised, people based strengths approach) confirmed as fit for addressing needs of homeless residents</li> <li>2. Housing issues baseline currently identified as 11%</li> <li>3. Key performance indicators to be collected between October 2018 and September 2019 to measure, review and inform evaluation of current social prescribing approach success in overcoming person's housing issues</li> <li>4. Evaluation report to be submitted to the scrutiny sub- committee 12 months into social prescribing project delivery</li> </ol>	<p><b>Rahima Miah</b> Commissioning  GP Care Group</p>	

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<p><b>Recommendation 7:</b> 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.</p>		
<p>The Barts Health standardised 'patient admission to discharge book' is completed for every adult patient admitted to hospital. On the first page you have to complete home address and then on page 5 you have a more comprehensive home circumstances section which covers home environment i.e. homeless, live in a house, flat, bungalow, supported living. It also covers who you live with and any safeguarding issues.</p> <p>This paperwork is completed on admission to the ward within the first 24hrs of admission and follows the patient if they move wards during their stay in hospital. I therefore feel that this book meets all of the areas covered within section 7 of the health scrutiny report.</p>		
The 'patient admission to discharge book' has been appended to the recommendation	<b>Jackie Sullivan</b> Barts Health Trust	May 2018
<p><b>Recommendation 8:</b> 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>		
<ol style="list-style-type: none"> <li>1. Mapping existing and future systems plans with stakeholders</li> <li>2. Agreeing scope and principles of effective information sharing systems with stakeholders</li> <li>3. Prioritising the processes required to effectively and efficiently share information to support access and engagement of homeless residents with services</li> <li>4. [Review existing Data Sharing processes and Agreement(s) to establish current provision against the agreed scope</li> </ol>	<p><b>Adrian Gorst/</b> <b>Iyabo Agiri</b></p> <p><b>Keith Burns/Aneta Wojcik</b></p>	<p>October 2018-</p> <p>September 2019</p>
2.1. Establish policy statement in relation to special category data (and also if		

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<p>any data relating to crime is held)</p> <p>2.2. Review Privacy Notice</p> <p>2.3. Review provider contracts and monitoring arrangements</p> <p>2.4. Review data retention and deletion policy and practice</p> <p>Assess current system provision</p> <p>5. Establish steering group to develop :</p> <p>6. Aims and objectives</p> <p>7. Approach to delivery e.g. single view interface</p> <p>8. If relevant develop business case</p>		
<p><b>Recommendation 9:</b> 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.</p>		
<p>Enhance partnership working and develop a better understanding of applicants' needs.</p>		
<p>Undertake survey/focus group meeting for clients and partner organisations to obtain feedback on their expectation of support needs, and any safety concerns. Review internal processes and in discussion with Commissioning review support needs of the T/A sector to ensure applicants are adequately supported.</p>	<p><b>Rafiqul Hoque</b> Housing Option Service, LBTH</p>	<p>March 2019</p>
<p>That the Housing Options service introduces the Housing First Accommodation Offer as a pilot to maximise choice and control and personalised support opportunities for individuals who are rough sleepers.</p>	<p><b>Rafiqul Hoque</b> Housing Option Service, LBTH</p>	<p>October 2018</p>
<p><b>Recommendation 10:</b> 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>Understand the health needs of these group and how these needs could be met more effectively - in order to inform commissioning and provision of services</p>		

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Undertake qualitative research on experience of women who are rough sleeping, in Temporary Accommodation or hostels and health impact (as part of the refresh of the Homelessness Needs Assessment)	<b>Somen Banerjee</b> Public Health, LBTH	January 2019
<b>Recommendation 11:</b> 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.		
Consultations with survivors of VAWG and other stakeholders including VAWG Champions, VAWG & DA Steering Group and MARAC members on the relationship between homelessness and VAWG	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	October 2018
Analysis of the consultations results and inclusions of actions within VAWG strategy	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	March 2019
Development and implementation of VAWG strategy	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	April 2019 onwards
5 months review – report to the scrutiny panel	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	September 2019
<b>Recommendation 12:</b> 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.		
1. Partnership forum meeting –to explore health and social care issue and map current service provision	<b>Aneta Wojcik / Keith Burns (lead) Adults</b>	26/04/2018



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	Commissioning, LBTH	
2. Establish partnership Terms of Reference (TOR) informed by identified issues	<b>Aneta Wojcik / Keith Burns (lead)</b> Adults Commissioning, LBTH	31/08/2018
3. Partnership quarterly meetings to oversee implementation of scrutiny review action plan 4. Health and social care issues, provision, and cases of homeless residents in LBTH referred to appropriate MARACs by partnership	<b>Aneta Wojcik / Keith Burns (lead)</b> Adults Commissioning, LBTH	From September 2018 to September 2019
<b>Recommendation 13:</b> 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.		
Reviewing Healthwatch repository for feedback from homeless people.	<b>Dianne Barham,</b> Healthwatch Tower Hamlets	September 2018
Our upcoming Enter and View Visits to substance misuse services, including hostels and day centres will include gathering the experience of homeless people of health and social care services.	<b>Dianne Barham,</b> Healthwatch Tower Hamlets	October 2018
Attending partnership forum meetings	<b>Dianne Barham,</b> Healthwatch Tower Hamlets	From September 2018 to September 2019
<b>Recommendation 14:</b> 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.		

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We have had to print the 'My Right to Healthcare' cards ourselves. They are now being distributed to GP Practices in the area, are being handed out to homeless/substance misusers as part of our enter and view visits to substance misuse providers and are being circulated along with the flyer to our AGM where appropriate..	<b>Dianne Barham,</b> Healthwatch Tower Hamlets	September/October 2018
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