READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**11 October 2019**	**AGENDA ITEM:**	**7**
REPORT TITLE:	**READING HOMELESS HEALTH NEEDS AUDIT – CCG AND DRUG AND ALCOHOL UPDATE**		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Throughout January and February 2017, over a five week period, partners from Reading's Homelessness Forum commissioned and undertook a Homeless Health Needs Audit in Reading. The aims of the Audit were to listen to and take account of single homeless people's views on their health; provide an evidence base and fill in any information/evidence gaps; contribute to Reading's Joint Strategic Needs Assessment (JSNA) and future Health & Wellbeing Board strategies; consider what is currently working well within services, with a view that this could inform improvements.

1.2 The audit findings were presented to the Board in July 2018 who recommended that partners use the research to inform service development and improvements where required, and report back on any subsequently agreed plans to address any highlighted issues. This report provides an update from the CCG on how the audit is informing service planning and actions we have taken or intend to take.

1.3 The CCG has welcomed the audit as a useful tool to support the on-going review of services and it is encouraging to see the audit responses highlighting positive experiences of health care in Reading; in particular the availability and accessibility of Reading's Walk-In Centre; accessibility of in-reach services provided by the Health Outreach Liaison Team (HOLT); peer support services for those with substance misuse issues and high levels of respondents knowing how to access contraception and advice about sexual health.

1.4 The audit does however highlight areas where respondents said they would like to see improvements. These relate primarily to; (a) obtaining GP appointments and wanting consistency of support from the same GP, (b) how Mental Health support is obtained and its availability, access to more Mental Health support, including peer support and specialist trauma support, (c) feeling able and comfortable in accessing secondary care services and (d) feeling able and comfortable in accessing dental health services. The CCG has considered each of these issues and this paper sets out our response together with details of actions being taken.

1.5 Public health commission drug and alcohol treatment services in Reading and have considered the audit feedback as part of the re-commissioning process during 2019. This paper also sets out the actions taken to date.

2. RECOMMENDED ACTION

2.1 For report to be shared with lead officers at RBC who are leading on the development of homelessness and rough sleeping strategies 2019-2024

3. POLICY CONTEXT

3.1 By working to ensure equitable access to health services for homeless and rough sleepers we will support improvements in their health and wellbeing in line with the overall aims of the Reading Health and Wellbeing boards strategic priorities (see section 5).

4. Background

4.1 Throughout January and February 2017, over a five week period, partners from Reading's Homelessness Forum commissioned and undertook a Homeless Health Needs Audit in Reading. The aims of the Audit were to listen to and take account of single homeless people's views on their health; provide an evidence base and fill in any information/evidence gaps; contribute to Reading's Joint Strategic Needs Assessment (JSNA) and future Health & Wellbeing Board strategies; consider what is currently working well within services, with a view that this could inform improvements.

4.2 The audit findings were presented to the Board in July 2018 who recommended that partners use the research to inform improvement and service development plans, where required, and report on any subsequent agreed actions to address any highlighted issues. At the July meeting the council reported that housing services had used the audit to inform the remodelling and re-commissioning of its rough sleeper outreach, floating support and supported accommodation services, and that funding from a Rough Sleeper Initiative had recently been obtained for 2018/19 (this supported the implementation of the Making Every Adult Matter initiative). This report provides an update on the CCG's response to the audit and the resulting actions we have taken or intend to take.

How Health partners will use the audit findings

The CCG and Public Health welcomes the audit as a useful tool to support the on-going review of services and it is encouraging to see the audit responses highlighting positive experiences of health care in Reading; in particular the availability and accessibility of Reading's Walk-In Centre; accessibility of in-reach services provided by the Health Outreach Liaison Team (HOLT); peer support services for those with substance misuse issues and high levels of respondents knowing how to access contraception and advice about sexual health.

4.3 The audit provides useful quantitative data regarding the physical and mental health needs of the homeless people in different sleeping situations. This will help us in assessing whether our services meet the needs of these groups. It was positive to note that uptake of cervical screening, breast examinations and Hepatitis B vaccinations exceeded national comparators however we noted that further work may be required to improve engagement with Hepatitis C treatment and to increase examination rates for prostate or testicular cancer. For this areas further discussion is required between the CCG and Public Health leads.

Primary Care

The CCG recognises that effective access to primary care is important in addressing health needs, avoiding unnecessary secondary care attendances and supporting patients to access mental health and other services as appropriate. Registration with a GP

practice supports continuity of care and enables access to records; patients are therefore encouraged to register with a practice wherever possible.

We noted that 86% of patients surveyed were registered with a GP; whilst this is lower than the national average the report recognises that this may in part reflect the availability of on-the-day care through the Reading Walk-in Centre. It was noted that registration rates are lower amongst patients living in emergency and temporary accommodation. The CCG is about to commence a project looking at where patients may require support to register with a GP practice and how this can best be provided, this group will now be considered as part of this project.

A large proportion of patients were accessing care at the Reading Walk-in Centre and many gave positive feedback on this. We discussed the findings of the survey with the Reading Walk-in Centre at the time that it was published and they in turn had reviewed the information internally and considered any action required particularly with regard to ensuring patients have a positive experience of care. As a result the Centre is setting up an outreach clinic for the homeless in the community on a drop in basis which will offer patient's with required advice and the opportunity to register with the centre; registration at the Centre will be promoted as also supporting the ability to make specialist referrals when required The CCG will work to ensure that any future development of services offered at the Walk-in Centre takes account of the centre's role in meeting the primary health care needs of homeless patients and continues to offer both flexible access and facilitated GP registration for this group.

The CCG was concerned to note that 9% of patients had been refused registration by a GP or dentist in the last 12 months albeit that this was half of the national average rate. The report stated that 3 individuals had been refused dental registration therefore suggesting that approximately 10 patients had been refused GP registration, including the individual in supported accommodation who said they had been refused access due to not having ID. The CCG has repeatedly shared registration guidance with practices which makes it clear that patients do not have to have ID to register with a GP and where patients do not have a fixed address practices will typically register them under the address of the practice. Any instances of registration being refused are followed up with the practice concerned. We will however now ensure we issue a reminder on this to practices at least annually, add the information to our webpage for practices and ensure we flag it when meeting with new practice managers as part of their induction.

The CCG continually monitors access to primary care through the National Patient Survey, the Friends and Family Test and other information sources. It was helpful to have feedback from this group regarding access as they may be under-represented in standard survey data. We were concerned to note that 39 respondents said they had required but not received treatment in the last 12 months in many cases due to difficulties in getting an appointment with a GP. All GP practices should offer same day care to patients assessed as requiring this but it is recognised that access routes such as a telephone triage could be a barrier for this group. Similarly some homeless patients may find advance booking appointment systems difficult to access or navigate. Straightforward access to on-the-day provision at the Reading Walk-in Centre is therefore likely to continue to be important for this group and this will be factored into future service planning for primary care in Central Reading. The advent of Primary Care Networks through which practices will collaborate to provide care may also offer new opportunities for practices to work together to provide enhanced same day services for homeless patients.

A number of the comments related to continuity and wanting to see the same GP. As set out above, registering with a GP practice supports continuity of care, however most practices now operate on a skill-mixed model with many GPs sharing responsibility for

patients rather than running personal lists. Arrangements for booking appointments with a particular GP vary from practice to practice and often require patients to book in advance. The CCG is currently working with GP practices and others to engage with patients around changes in primary care delivery; as part of this it would be helpful to work with partners to run focus groups to consider how the specific needs of homeless patients can be met within new models of care.

The CCG noted comments regarding the attitudes of staff to homeless patients, in particular those with physical and mental health issues alongside substance misuse issues. We will now consider what more we can do to support practices to raise awareness amongst their staff of the needs of these patients in order to ensure that their experience of care is positive.

Mental Health Services

The CCG recognises the importance of accessible mental health support services to homeless people, with the understanding of the high prevalence of diagnosed mental ill health conditions. It was encouraging to see that there was positive experiences of the Talking Therapies offer however it is noted that there was feedback for improvement themed around access and approach of mental health provision.

There are two joint priorities with system partners for mental health that will impact on our response to people who are homeless in Berkshire West.

Firstly the CCG have started a review to improve the local Mental Health Crisis response. This is well timed to enable the ICS to implement key parts of the NHS Long Term plan, which expects expanded mental health crisis services. People who are homeless and rough sleepers are often caught up in a crisis response from our statutory and voluntary sector partners. This is evidenced in the feedback from emergency services and the Acute Trust, as well as the reduced availability of health services in the evening in Reading town centre. Through the review the CCG will ensure that the audit findings and further work with partners working with people who are homeless will be included to inform and influence the final recommendations to be shaped around the accessibility of alternative and preventative support in a crisis. Two clear ambitions of the review will be to 1) improve the access and support from the Crisis Response Home treatment team and 2) to set up alternative crisis provision, such as a safe haven. The majority of these alternative crisis services will be led by the voluntary sector and there is an expectation to use peer support workers in any model that the CCG supports.

Secondly, system partners are working together to developa Primary Mental Health Care offer to support the early identification and response to mental ill health in Primary Care as well as maximising the integration of physical health needs for people with mental health needs. Again, access to a range of support will be crucial to this, building a multi-disciplinary team around Primary Care Networks to support the clinical care and risk management of patients with mental health needs, including homeless people. The CCG will ensure that the noted developments to the Reading walk in centre are included in the primary mental health care offer to ensure that the integration and benefits of this offer includes homeless people experiencing mental health difficulties.

Finally, the CCG has discussed the findings of the homeless audit with its key Mental Health provider, Berkshire Healthcare Foundation Trust (BHFT) and other partners at the Mental Health programme board. BHFT are completing two important pieces of work that are relevant to this report. Firstly the Trust are running an internal review of its Community Mental Health Team offer and the feedback on the waiting times for support, access and attitudes of health care staff are being incorporated into its findings. Secondly, a re-design of the Personality Disorder (PD) care pathway is underway. With

the noted prevalence in the audit of PD within people who arehomeless the need for both clinical and non-clinical support is helpful to shape the final care pathway.

Secondary Care

Respondents that commented upon their use of emergency services and A&E provided examples of feeling disbelieved when presenting with physical symptoms and perceived that they were being judged when attending hospital whilst under the influence of drugs or alcohol. It is difficult in these circumstances to differentiate between individual perceptions and actual attitudes of professionals towards those who are homeless and accessing emergency services, however it is regrettable that this perception exists. The numbers of homeless people attending A&E is very low. Feedback from users is regularly reviewed and engagement with volunteer networks regularly takes place to also gather feedback.

The service also participates in a system wide frequent attender programme that offers more extensive support to patients that frequently attend.

In respect of discharge staff doing more to establish a patient's housing situation, A&E staff are happy to support this and a way forward may be for a social worker to be based in A&E; further considerations will be given to this.

Access to dentistry

The CCG are not responsible for the commissioning of dentistry and this is a function of NHS England (NHSE). The CCG has shared the audit findings with NHSE. NHSE has responded by saying that Homeless patients can attend dental practices in the following ways:

1. Regular attendance at one of the dental practices. Information about dental practices is on the nhs.uk site. Dental patients are not registered so they can ring to make appointments.

2. Phone NHS 111 if they have dental pain. 111 will direct them to one of the practices listed on the attached spreadsheet to be seen on the day. This includes the Dental Access Centre provided by the Community Dental Service (CDS).

3. NHSE is running a pilot with the CDS for them to attend homeless centres in West Berkshire to provide oral health advice and help them with dental access. This includes completion of relevant paperwork related to patient charges.

4. A review of CDS is under review. This includes consideration of services for more vulnerable patients. The aim is to implement new arrangements based on the review by April 2021.

Drug and Alcohol treatment services

The audit was conducted in partnership with the drug and alcohol treatment service provider. Public Health recognises that housing is a key element in an individual's recovery capital and general wellbeing.

- It was noted that there were several respondents using drugs who have a mental health need (dual diagnosis) who were not accessing mental health services, and the main method of support for mental health and substance misuse (dual diagnosis) was medication with there being fewer uptakes of counselling, alternative therapies or peer support programmes.

- Alcohol, cannabis, cocaine and heroin were cited as the most used drugs.
- Drug misuse within Reading's homeless cohort is predominantly affecting those aged 26 - 45 which differs from national findings for the whole population of England and Wales. However, where Class A intravenous drug use is more prevalent amongst those who are homeless and where heroin and crack cocaine are more addictive, leading to longer term use, the age range for Class A drug misuse is representative.
- Cannabis use was most prevalent amongst those aged 18 – 25
- Men were more likely to be misusing drugs than women
- Over half of respondents stated that they were using drugs and/or alcohol as a means to cope with mental health or trauma.

Public health recommissioned the drug and alcohol treatment services during 2019 and priorities for working with the homeless and rough sleeper cohort was included. The new service from 1st October 2019 will include a dedicated Homelessness Link Co-ordinator to ensure housing support is aligned with the treatment pathway. The service will link and work from other agencies and partners offices around the Borough delivering a combination of homelessness, substance misuse, contact with the criminal justice service and mental ill health support. In-reach to all the Reading homelessness support services will be offered alongside more outreach to target those more hard to reach individuals.

The new provider will develop a 'Resettlement Passport' programme to support the cohort to address the key areas to managing and sustaining a tenancy.

The new Provider will also implement a Dual Diagnosis Specialist Treatment Pathway to support those who have a drug/ alcohol and mental health need.

From October 2019 onwards the new drug and alcohol treatment provider in Reading will be developing a specific action plan on how to engage and treat more effectively the homeless population.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 By working to ensure equitable access to health services for homeless and rough sleepers, we can deliver improvements to their health and wellbeing in line with the wider Reading population and the overall direction of the Reading Health and Wellbeing Strategy's eight priorities:

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Not applicable

7. EQUALITY IMPACT ASSESSMENT

7.1 Not applicable

8. LEGAL IMPLICATIONS

8.1 Not applicable

9. FINANCIAL IMPLICATIONS

9.1 Not applicable

10. BACKGROUND PAPERS

10.1 Reading homeless health needs audit - Report to July Health & Wellbeing Board