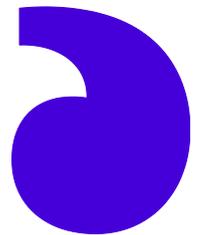




# Homelessness and Access to Health Services in Worcestershire- Preliminary Findings



January 2015



## **PRELIMINARY FINDINGS FROM HWW WORK ON HOMELESSNESS**

### **1. Introduction**

Healthwatch Worcestershire (HWW) is undertaking a long term piece of work to find out the views of people who are homeless about health and social care services.

HWW definition of homeless people includes the so called "hidden homeless", i.e. those that do not qualify for local authority housing assistance and may be living in the circumstances described by Crisis<sup>1</sup> below:

"Whilst rough sleepers are the most visible homeless population, the vast majority of homeless people live in hostels, squats, bed and breakfasts or in temporary and insecure conditions with family and friends."

There are number of reasons why HWW are undertaking this work:-

1. HWW has a focus on hearing the views of vulnerable people. Too often the voices of homeless people are not sought or heard when decisions are made about the planning of or changes to health and social care services. HWW want to help to redress this balance.
2. Evidence set out in The Unhealthy State of Homelessness<sup>2</sup> shows that homeless people experience health inequalities - levels of poor physical and mental health in the homeless population are well above those of the general population. The report illustrates the complexity of health issues experienced by homeless people. The average age of death for a homeless person is just 46.<sup>3</sup>
3. Healthwatch England has done some work on hospital discharge. HWW wants to hear about the experiences of homeless people who are discharged from hospital in Worcestershire
4. HWW aim to explore the potential implications of reductions to funding which are part of Worcestershire County Council's Future Lives programme, in particular in respect of the Supporting People programme
5. The de-commissioning of the 'Walk-In' Centre which was provided at the GP surgery in Farrier Street Worcester, and was used by the homeless to access GP services. And, the subsequent establishment of the Homeless Health Hub as a drop-in facility for the Homeless at Maggs Day Centre; open for 2 hours a week.

During 2013/2014 South Worcestershire CCG reported that 213 patients used the Walk-In Centre who were classed as homeless.<sup>4</sup> HWW wants to understand the impact of the decision to close the Walk-In Centre and open the Homeless Health Hub on access to health services by homeless people.

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<sup>1</sup> What is Homelessness, Crisis

<sup>2</sup> The Unhealthy State of Homelessness – Health Audit results 2014, Homeless Link

<sup>3</sup> The University of Sheffield, (2012), Homelessness Kills, Crisis

<sup>4</sup> Briefing Note for Worcestershire County Council Health Overview and Scrutiny Committee, Worcester Walk In Centre and the development of a new Urgent Care Strategy for Worcestershire, SW CCG, 28<sup>th</sup> March 2014

## **2. Methodology**

So far HWW have:-

- Held a Focus Group with residents at St Pauls Hostel in Worcester – 10 residents attended the group
- Held a Focus Group at St Basils Foyer in Kidderminster – 7 young people attended the group, including 3 young people from St Basils supported accommodation in Redditch
- Completed 20 one to one surveys at Maggs Day Centre in Worcester
- Completed 4 surveys through the St Pauls outreach team
- Completed 14 surveys through the staff team at the YMCA in Worcester

This work is still on-going. We will be doing further analysis of our findings. We also plan further work to hear the voices of homeless people, particularly of young people who are or have been homeless and to research provision and services for homeless people outside of the Worcester City area.

This report sets out the headlines of what we have learnt so far. We are issuing this report now as this is an ongoing piece of work which we will be reporting on periodically.

## **3. Preliminary Findings**

### **3.1 Closure of the GP Walk In Centre.**

Many of the homeless people in Worcester that we spoke to or surveyed had previously used the GP Walk In Centre (58% of Maggs Day Centre respondents, 80% of St Pauls Focus Group attendees, and 43% of YMCA respondents).

The Walk In service appeared to have been valued by the people who used it.

There were different levels of awareness of the plans to close the Walk In service (which was operating an appointment based nurse practitioner service at the time of our focus group at St Pauls and survey work at Maggs Day Centre.)

There were different levels of awareness of the proposal to offer a one day per week homeless health drop in service at Maggs Day Centre.

No one at the Focus Group at St Pauls hostel was aware of the Maggs Day Centre proposal, neither had these individuals been consulted about it.

42% of respondents at Maggs Day Centre had not heard of the proposal.

100% of the responses collected through the St Pauls Outreach team had heard of the proposal.

50% of respondents at the YMCA in Worcester had not heard of the proposal.

## 2 hour a week Homeless Health Hub at Maggs Day Centre

This service has now opened. It offers access to a number of health services e.g. sexual health, dentistry, substance misuse on a rota basis. The drop-in operates every Wednesday morning between 10am-12pm. It is proposed that further services will be developed over time, for example access to primary care services from April 2015.

There were different viewpoints expressed about the plans for the homeless Health Hub at Maggs Day Centre.

62% of respondents at Maggs Day Centre strongly agreed or agreed with the plan.

71% of respondents at the YMCA strongly agreed or agreed with the plan.

However no one at the Focus Group at St Pauls Hostel agreed with the plan. The majority stated that they would not use a service located at Maggs Day Centre.

The sample of comments below indicate the range of views that we heard:

“Walk in centre / drop in is less intimidating for some people” (survey respondent – strongly agreed with the plan)	“I would not go there” (Focus group respondent)
“I think it is a great idea for weekly health checks” – (survey respondent – agreed with the plan)	“Should leave the walk in service as it was - go when you need to and see a doctor or nurse” (survey respondent - strongly disagreed with the plan)

Our work has identified that there are different “communities” of homeless people. Our findings indicate that people using St Paul’s hostel accommodation may not feel comfortable accessing health services at Maggs Day Centre.

The age of service users may also be an issue, with some hostel staff indicating that young homeless people may feel particularly uncomfortable about accessing the service, or that the service location is inappropriate for younger people.

### Frequency of the Homeless Hub Service

The proposed frequency of the Homeless Hub drop in service at Maggs Day Centre is an issue that was raised by a number of the people we heard from.

The Walk In Centre was operating a 5 day per week service.

The facility at Maggs is available for two hours, one morning per week.

Below are sample of comments that reflect the views that we heard:-

“I think it should be more than one day a week, it should be maybe three times a week” – survey respondent, strongly agreed with the plan

“Help the homeless to access healthcare – one day a week is better than nothing” – survey respondent, agreed with the plan

“Needs to be more than one day a week” – survey respondent, disagreed with the plan

The levels of demand on the service, and the numbers of users compared to the known homeless population is something that will require monitoring.

### **3.2 Access to GP services**

Most of the people that we heard from were registered with a GP, however some were unclear whether this registration was permanent or temporary.

“Some homeless people do not get a chance to get any healthcare due to a non-fixed address” Survey respondent

Two people experienced difficulty registering for a GP. The reasons given by one respondent was that they did not have two proofs of address. One person experienced difficulty registering with a GP as they were unable to provide photo

identification, which the practice had told them was essential for registration.

HWW made enquiries about this with Arden, Herefordshire and Worcestershire NHS Area Team. They advised that NHS Counter Fraud Service prepared a document (not dated) which was approved by the Department of Health giving GPs a checklist on how to minimise patient registration fraud. The document states that 'it is preferable that one item of photo ID is seen, along with one document containing the patient's addresses. Therefore it is not mandatory to see a photo ID.

HWW have advised homeless organisations that this is the case, but it is something that further guidance could be issued to GPs about.

### **3.3 Access to mental health services**

This is an issue that arose at both of the Focus Groups that we ran.

We heard that people were unclear how to access mental health services. We heard that there were long waiting times for appointments with mental health services. We heard that prescription of drugs rather than talking therapies was perceived to be the first response to mental health issues. We heard varied satisfaction with mental health services once people were receiving them.

The issues that we heard are in common with other work that HWW is doing on access to mental health services.

We heard from the young people about their concerns about potential unwitting breaches of confidentiality, for example sending appointment letters in branded envelopes that could be recognisable to other family members.

Our survey's showed that 44% of all respondents are receiving support with their mental health. Of these 18% said that the support met their needs, whilst 26% would still like more help.

24% of survey respondents did not receive support with their mental health, but said that this would help them.

These respondents were asked what type of support would help them, respondents could select more than one option. Talking therapies were identified by 61% of respondents, 61% identified practical support to help with their day to day life; 50% identified activities such as arts, volunteering or sport; 39% identified a specialist mental health worker; 16% identified services to address a dual diagnosis of mental health and drug and alcohol problems as the support that would help them.

### **3.4 Young People and Homelessness**

Our conversations with young people at the focus group at St Basils has indicated to us that we need to do some more work with young homeless people to better understand their stories and experiences.

### **3.5 The role of Voluntary and Community Sector organisations in supporting access to health services**

At both of our focus groups, and through our survey responses, we have learnt that VCS organisations play a role in co-ordinating and maintaining access to health services by homeless people which should not be underestimated by service commissioners.

Focus Group respondents reported the role that front line staff play in enabling people to understand and access health services; keep health appointments, and take medicines regularly.

63% of survey respondents had received information about local health services from a staff member at a homelessness or housing project, and 80% of these respondents had found the information helpful.

Our survey asked "Overall, who helps you most when it comes to your health". Responses showed that 41% identified a staff member at homelessness or housing project as being the most helpful person, second only to GP's (72%)

Our conversations with hostel and outreach staff identified that they help people to understand when intervention by health services (e.g. for mental health issues) may be required.

Staff also take a proactive approach to enabling a planned hospital discharge into suitable accommodation.

HWW are aware of reductions to the County Council Supporting People budget as part of the Future Lives programme which we understand began to be implemented from October 2014, and to national sources of funding for work with homeless people. HWW think that there are potential consequences for access to and demand for health services as a result of these cutbacks. This situation needs to be monitored.

HWW understand that £242,968 over a 2 year period has been awarded to councils across Worcestershire from the Governments Single Homeless Fund. The funding is intended to help individuals who are nearing release from prison or who are being discharged from hospital and are at risk of becoming homeless. The funding will also support the introduction of a No Second Night Out policy to reduce rough sleeping. HWW will be seeking further information about the use of the funding in order to understand its impact.

### **3.6 Hospital Discharge**

HWW understands that there are protocols in place for the discharge of homeless people from hospital.

Our discussions with staff from VCS organisations indicate the need for better liaison with accommodation and outreach services to ensure that the appropriate support is in place prior to discharge.

Hospital discharge pathways and protocols relating to homeless people should be clearly communicated to front line ward staff.

### **Recommendations**

This report sets out our preliminary findings. We have further work to do to both gather more data and further analyse existing data.

Nevertheless from our work so far we would make the following recommendations:

1. The levels of use of and demand on the Homeless Health Hub service at Maggs Day Centre should be closely monitored and made publicly available
2. In particular analysis should identify who is using the services according to key indicators such as: accommodation status i.e. hostel, second stage accommodation, rough sleeper etc.; age, gender and ethnicity profile to enable comparison to known homeless populations
3. Demand for the service at the Hub that cannot be met should be recorded, and records kept of requests to access services that are not currently provided at the Hub e.g. mental health services
4. HWW will ask Worcestershire County Council what it is doing to monitor the impact of its decisions to reduce the funding available through the Future Lives programme to vulnerable sections of the community
5. NHS England should take steps to ensure that GP practices are aware that photo identification is not a requirement for registration

6. Those responsible for hospital discharge should reassure themselves that front line ward staff are aware of discharge protocols relating to homeless people
7. HWW is undertaking a wider piece of work relating to Mental Health services, and should include the experiences of homeless people in this work
8. HWW to undertake further work to research provision for homeless people outside of Worcester City, and to hear the experiences of more homeless people, in particular young people

## **Acknowledgments**

We would like to acknowledge and thank all of the individuals and organisations who have supported us in carrying out this work, in particular:

- Maggs Day Centre
- St Basils
- St Pauls Hostel
- St Pauls Outreach Team
- YMCA Worcester

Information as at 6<sup>th</sup> January 2015

## **Addendum**

A copy of this draft report has been shared with South Worcestershire Clinical Commissioning Group who have informed us that at the time it made the decision to close the Walk-In Centre it also made a decision to commission new services for homeless people; the Homeless Health Hub, and a new facility at the Farrier Street surgery which will require the surgery to provide 'flexible appointment systems including walk in surgeries and longer appointment times for people with multiple needs' so that the flexibility of those with a chaotic lifestyle is catered for. We understand that this new service will be available from April 2015.

The Clinical Commissioning Group also confirmed that a GP, although not currently available at the Homeless Home Hub will be from April twice a month for 2 hours.

Our report reflects the knowledge and experiences of those we surveyed and we have concluded that as service users they are not aware of the Clinical Commissioning Groups intention to commission a new service at the Farrier Street surgery.

## **Additional Recommendations**

9. South Worcestershire Clinical Commissioning Group ought to promote the new service it is commissioning to homeless people.
10. The levels of use of and demand on the new service should be closely monitored and made publicly available