

# GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

**Date:** 15 January 2020

**Subject:** Homeless Healthcare in Greater Manchester and 'A Bed Every Night'

**Report of:** Dr Cath Briggs, Clinical Chair, Stockport CCG

---

## **PURPOSE OF REPORT:**

This report provides an overview of work on homelessness and health overseen by GM Health and Social Care Partnership (GMHSCP), including the £2m investment from GM Joint Commissioning Board (JCB) and GMHSCP into the emergency rough sleeper programme 'A Bed Every Night' (ABEN).

## **RECOMMENDATIONS:**

The Greater Manchester Joint Health Scrutiny Committee is asked to;

- Consider the content of this report and the progress made through the Health and Wellbeing Task and Finish Group.
- Note a further discussion at the February meeting of JCB to review any future investment arrangements and commitment from the health system to tackling homelessness.

## **CONTACT OFFICERS:**

- Helen Simpson, Strategic Relationship Manager (Housing), GM Health and Social Care Partnership ([helen.simpson11@nhs.net](mailto:helen.simpson11@nhs.net))

## **1.0 PURPOSE AND INTRODUCTION**

- 1.1. This paper provides an update to the Committee on current work in relation to healthcare considerations and provision for those experiencing homelessness. In particular, in relation to the Greater Manchester “A Bed Every Night” initiative
- 1.2. In June 2019 GM Health and Social Care Partnership and GM Joint Commissioning Board agreed to invest a collective £2m into the 12-month extension of emergency rough sleeper provision ‘A Bed Every Night’ (ABEN), in acknowledgement of the impact rough sleeping and homelessness has on both physical and mental health and the risk to life of sleeping on the street.
- 1.3. This investment ensured provision was available for a further 12 months and has allowed improvements in the service model to better meet the needs of those who access it. In addition to the agreed financial investment, a commitment was made to utilise this 12-month period to support an iterative improvement process in health provision, amass understanding of current practice and use this to inform a longer-term plan on homeless healthcare.
- 1.4. This commitment to the system change required to improve and upscale our homeless health offer is in addition to the £2m contribution to ABEN. It demonstrates a further commitment from the health sector to invest time and additional resources in ensuring appropriate health provision is available to people experiencing homelessness.

## **2.0 CONTEXT**

- 2.1. Homelessness is a Greater Manchester and Mayoral priority with a commitment to ending the need for rough sleeping and preventing homelessness. In 2017 GM Health and Social Care Partnership established a programme work capturing the contribution of the health and care system towards delivering this goal. Sat within the broader Housing and Health programme, our work on homeless healthcare has focused on identifying areas of the health system where we could ensure the right services were in place to support people experiencing homelessness. This has;
  - Championed the ‘right to register’ with a GP for people with no fixed address, supporting the roll out of the ‘Homeless Friendly’ scheme and development of training.
  - Developed a GM Homeless Hospital Discharge Protocol and supporting arrangements in ten localities.
  - Sharing successful models of outreach and supporting localities to develop and improve models where required.

- Identified resources for and developed short term initiatives to enhance Mental Health support through care coordination outreach and Psychologically Informed Environments.
- Supported GM roll out of the Homelessness Reduction Act Duty to Refer and rolled out training to relevant staff in Acute Trusts.
- Provided advice and support to localities in improving, developing and commissioning new services for people experiencing homelessness, facilitating relationships between health and housing colleagues where required.

2.2. In the context of this activity, GMHSCP has advocated an asset-based approach to work on homelessness, building on programmes already active in localities, acknowledging that a number of areas already have a very clear sense of how they are delivering, or intending to support people experiencing homelessness. The programme has worked alongside localities to add value, provide insight and encouraged locality stakeholders to work more collaboratively.

2.3. In June 2019 GM Health and Social Care Partnership (GMHSCP) and GM Joint Commissioning Board (JCB) agreed to invest a collective £2m into the 12-month extension of emergency rough sleeper provision 'A Bed Every Night' (ABEN), acknowledging that homelessness and rough sleeping is a GM wide priority and as such required a cross system response. Alongside this, a commitment was made to utilise this 12-month period to support an iterative improvement process in health provision, amass understanding of current practice and use this to inform a longer term plan on homeless healthcare.

2.4. This has reframed the role of GMHSCP and the Housing and Health programme in relation to homelessness, giving renewed focus and remit, facilitating different governance and parts of the health system to come together to deliver the improvements that we are so keen to achieve.

### **3.0 A BED EVERY NIGHT**

3.1. 'A Bed Every Night' (ABEN) provides a bed, warm welcome, and personal support for anyone who is sleeping rough or at imminent risk of sleeping rough in Greater Manchester. Since its launch in November 2018, ABEN has accommodated over 2600 people and supported almost 1000 people to move on to more suitable accommodation (Nov 19).

3.2. A second phase of ABEN started in July 19, funded through a variety of public sector partners and charitable contributions, acknowledging the need for all partners across

the Greater Manchester system to contribute and respond to tackling the issue of rough sleeping.

- 3.3. This second phase has provided the opportunity to develop a more formalised model of provision offering an improved quality of accommodation. It has also seen the provision increase across all localities in a way that better responds to the needs of rough sleepers in different areas and with different needs. A comprehensive monitoring and assurance process has been put in place to support a full external evaluation of the programme and its impact on the people who use it.
- 3.4. Over winter 2019/20, ABEN has committed to providing over 400 beds across Greater Manchester, dependent on demand, and currently has 456 people accommodated.
- 3.5. During the period that ABEN has been running, the rough sleeper figures for Greater Manchester have decreased substantially from 241 in November 2018 to 151 in November 19, a drop of 37%. These figures are a local snapshot that have been submitted to the national official count which will be published in February 2020. This forms part of an overall decrease in rough sleeper numbers of 44% since 2017, after increasing almost every year since 2010.

#### **4.0 PROGRESS UPDATE**

- 4.1. Homelessness Health and Wellbeing Task and Finish Group
  - 4.1.1. At the point the investment into ABEN was agreed, the 'Homelessness Health and Wellbeing Task and Finish Group' was established to support the move from concept to delivery and to provide oversight to the investment and agreed priority work areas.
  - 4.1.2. The group, which has met regularly since June 2019, has taken responsibility for directing capacity and resources to enable delivery and has confirmed appropriate clinical input into the programme. It has also provided officer support to GMCA with monitoring, evaluation, development of pathways and service specification to ensure the work of the Group is aligned with and informed by the priorities of the wider ABEN and homelessness programme.
  - 4.1.3. The group is chaired by Dr Ruth Bromley, Clinical Chair, Manchester Health and Care Commissioning and it has been confirmed as a direct sub-group of the GM Homelessness Programme Board, with reporting arrangements into Commissioning Leadership Group (CLG) and JCB.

## 4.2. Work Programme

4.2.1. An initial set of objectives were established for the Task and Finish Group, which have been kept under review as the work has developed.

- Take forward commitments to homeless healthcare made as part of the JCB investment case.
- Better understand the health needs of the homeless population in Greater Manchester.
- Better understand provision of homeless healthcare across Greater Manchester and what 'best' looks like.
- Focus on workforce development, for those working in ABEN provision and GP practices, to improve the offer to the homeless population.
- Longer-term, take forward development of GM commissioning guidance for homeless healthcare.
- Oversee other elements of the GM homelessness and health programme for the duration of the group.

4.2.2. Key actions that contribute to achieving these objectives have been captured in a delivery plan to ensure implementation and to also provide clarity for partners. The main areas of progress for the first six months of ABEN Phase 2 (June – December 2019) are outlined below.

- Mobilising activity to understand better the presenting health needs of those accessing ABEN. A comprehensive health needs assessment (Homeless Link) has been delivered in partnership with Urban Village Medical Practice in selected ABEN provision to improve our understanding of this cohort and the most appropriate clinical response.
- Ensuring that agreed health related standards have been incorporated into ABEN service specification and are considered by service providers. This has been informed by the extensive work on temporary accommodation standards undertaken by The Booth Centre and includes reference to infection control and bed spacing.
- Development of a comprehensive training and education offer for front line staff and partners working in A Bed Every Night, with the aim to educate and better inform the workforce and bring people together to create a network to support further learning. This 'faculty of learning' for health and homelessness will launch

on 24<sup>th</sup> January 2020 with a full day even covering a range of topics led by sector experts.

- A detailed exercise to update our understanding of health and care provision for people experiencing homelessness across GM. This is in update to two previous similar exercises and now forms part of an agreed process with localities to update through the period of this work.
- Proactive engagement with GP Practices in close proximity to ABEN provision with the aim of encouraging engagement with ABEN and locality leads to develop approaches to supporting health needs over the winter period. Correspondence focused on sharing headline outcomes from the recent needs assessment and highlighting good practice where local arrangements are already underway.
- Established a single point of contact in each locality to take the lead on homeless healthcare.

4.2.3. The approach taken by the Task and Finish Group to identifying priorities and where to utilise resources has been to build on and learn from programmes already across in Greater Manchester and in localities, Taking this asset-based approach has meant working jointly alongside system leaders and experts to add value where we can, determine where the GM role is of most use and supporting locality stakeholders to work more collaboratively.

## **5.0 NEXT PHASE ACTIVITY**

5.1. For the period to the end of ABEN Phase 2 (June 2020), alongside continued support to the ABEN and wider homelessness programmes, the group will begin work to further inform and improve the homeless healthcare offer. This will include;

- Planning and facilitation of ‘homeless and inclusion health champions’ training programme for clinicians and GP practice staff, including identification of ‘go early’ Practices and groups of clinicians based on proximity to ABEN provision and local demand.
- Establish the Homeless Families Task and Finish Group, led by GMHSCP, as a second sub group of the GM Homelessness Board. This cross-sector group will explore the issue in more detail, improve understanding and make recommendations on appropriate models of support.
- Exploring options for a standardised process and offer for GP registration for people experiencing homelessness. This will build on work already undertaken by GMHSCP and the ‘Homeless Friendly’ scheme.

- Launch of the GM version of ‘My Right to Healthcare’ cards in partnership with Groundswell, to help get people experiencing homelessness register with a GP practice. The cards will be distributed throughout ABEN provision and other GM homelessness services.
- Through the ten homeless healthcare leads, support individual localities to better understand the health needs of their specific homeless populations by undertaking their own Homeless Link Health Needs Audit.
- Using this same network to identify and formally share examples of GM best practice that can inspire and inform other localities to develop similar services where required.
- Providing support where appropriate to the agreed case management approaches for the most entrenched rough sleepers who are not accessing ABEN. This will include coordinating input into the Manchester ‘Super Case Conference’ and ‘Task & Target’ processes where required.

5.2. These actions will take us further towards development of an evidence informed model of homeless healthcare, which would seek to describe what ‘best’ looks like for Greater Manchester, but also in a way which influences the national agenda for homeless health as a result. Led by the GM Joint Commissioning Team, it will inform and support development of our GM homeless health services, the outcomes they deliver, and more broadly work on health inequalities and inclusion health.

## **6.0 FUTURE HEALTH AND HOMELESSNESS COMMITMENTS**

6.1. The delivery plan set out an intention to continue collaborative work on homelessness and health post June 2020 when the investment in ABEN Phase 2 comes to an end. High-level suggestions in the plan of what this could look like included;

- Development of GM wide commissioning guidance for homeless health care, underpinned by best practice from GM and internationally. This would inform the development of excellent and appropriate health services for people experiencing homelessness.
- Continued support to an active network of homeless healthcare leads and faculty of learning, including further support to roll out training and education offer to our workforce.

- 6.2. As this work has developed and progressed over the initial six-month period, the requirement to review and confirm any future commitment feels crucial, so that we are able to be proactive in setting out our intentions as a health system, including any future investment. The shape that any future work and partnership takes should be informed by the evidence base compiled over the full 12-month period, our better understanding of the system and the views of localities represented by members of JCB.
- 6.3. It is proposed that a further discussion takes place at the JCB meeting in February to inform a process that will lead to clarification of the JCB position and allow for proposals to be developed prior to the end of this existing arrangement in June 2020.

## **7.0 RECOMMENDATIONS**

- 7.1. The Greater Manchester Joint Health Scrutiny Committee is asked to:
- Consider the content of this report and the progress made through the Health and Wellbeing Task and Finish Group.
  - Note a further discussion at the February meeting of JCB to review any future investment arrangements and commitment from the health system to tackling homelessness.