

# Greater Manchester Joint Commissioning Board

Date: 21 July 2020

Subject: Homeless Healthcare and 'A Bed Every Night'

Report of: Dr Ruth Bromley, Clinical Chair, Manchester Health and Care Commissioning  
Dr Cath Briggs, Clinical Chair, Stockport CCG

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## PURPOSE OF REPORT:

This report provides an update on continuing work on homeless healthcare following the Joint Commissioning Board in May 2020, where a further investment was agreed into emergency rough sleeper programme 'A Bed Every Night' (ABEN).

## KEY ISSUES TO BE DISCUSSED:

This paper provides an update on activity since the May JCB meeting to re-establish the Homelessness and Health Task and Finish Group and agree a revised set out of outcomes and approach for the group, focused on driving forward principles of Inclusion Health and aligned to activity in localities.

## RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of this report and the approach outlined by the Health and Wellbeing Task and Finish Group

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## 1.0 INTRODUCTION

- 1.1. In June 2019 GM Health and Social Care Partnership (GMHSCP) and GM Joint Commissioning Board (JCB) agreed to invest into the 12-month extension of emergency rough sleeper provision 'A Bed Every Night' (ABEN), signalling the beginning of a more collaborative relationship between homelessness and health. At the May meeting of JCB, a second investment into ABEN was agreed from the GM health and care system, further acknowledging the impact rough sleeping and homelessness has on both physical and mental health and the risk to life of sleeping on the street.
- 1.2. This investment will ensure that ABEN provision continues to be available and deliver a significant role in the move on of individuals housed in emergency accommodation as a result of Covid. It will also deliver ongoing improvements in the service model and delivery to better meet the needs of those who access it.
- 1.3. The initial investment was agreed alongside an additional commitment for the health system to better understand needs, current provision and shape a longer-term plan on homeless health and prevention. This demonstrated a further commitment from the health sector to invest time and further resources in ensuring appropriate health provision is available to people experiencing homelessness.
- 1.4. The work to date has been taken forward by the Homeless Health and Wellbeing Task and Finish Group. Since the second investment agreement in May, the Group has continued to shape and define our future work on homeless healthcare, reflecting the new context we are working in. This document sets out initial plans of where our focus should be placed for the next two years.

## 2.0 RESETTING OUR APPROACH

### 2.1. Homelessness Health and Wellbeing Task and Finish Group

- 2.1.1. At the point the initial investment into ABEN was agreed, the Homeless Health and Wellbeing Task and Finish Group was established to provide oversight to the investment and agreed priority work areas.
- 2.1.2. 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 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.
- 2.1.3. An overview of the activity undertaken by the Group in the period to March 2020 is included in Appendix 1.
- 2.1.4. As we start to articulate what continued activity looks like around homeless healthcare at a GM level, it's with the acknowledgement of the new context in which we will be working as a health system. In recognition of this shift and with a focus

on creating sustainable transformation, we have reviewed and reset the purpose of the Group to focus on influencing inclusive delivery within mainstream services and embedding principles of Inclusion Health into services and commissioning practice.

## **2.2. Inclusion Health**

- 2.2.1. Inclusion Health advocates for a universally high standard of health care for homeless and multiply disadvantaged people through setting standards and supporting services to deliver flexible, accessible and trauma informed compassionate services. As a result, people feel empowered to access the care they need, understanding that services will be available, supportive and easily accessible when they need them.
- 2.2.2. Our ambition for homeless healthcare, set in the context of Building Back Better, is to ensure that we build back in a way that puts anyone that we disserve as a society at the centre of our priorities and our decisions.
- 2.2.3. We can achieve this ambition by committing to an Inclusion Health approach, driven forward at a system level in Greater Manchester to address many of the health inequalities experienced by our homeless population. By embedding the principles and standards into commissioning practice and by working with existing services to actively consider how they interact with and support people who are homeless.
- 2.2.4. If we actively enable access to the mainstream by employing more flexible service and engagement models, and create levers that encourage services to re-direct time and resource to those who need it most, we will improve health outcomes for our homeless population and others in turn.
- 2.2.5. This shifts our approach away from expectations of commissioning new and specialist services, and instead moves towards building an inclusive health system, which re-affirms the fundamental rights of homeless people in their access to and interactions with health care.
- 2.2.6. We will utilise the research and expertise of the Faculty of Inclusion Health to further inform our approach.

## **2.3. Homelessness Health and Wellbeing Draft Workplan**

- 2.3.1. In the coming months, we intend to construct our work plan around the ambitions outlined above. We want to mainstream the healthcare provision for those experiencing homelessness and ensure our governance seeks to facilitate this aspiration and to serve the needs of our people, not those working on behalf of our people.
- 2.3.2. Through this ambition, drawing on the extensive experience and activity that already exists across our city region, we hope to role model a way of working that could be replicated across everything that we do here in Greater Manchester, if we

are to genuinely put equality and inclusion at the heart of our ambitions to do our very best for those we serve.

2.3.3. The principles we commit to working to are set out below.

- Embed the principles of Inclusion Health from a strategic perspective and support recognition of this in service delivery.
- Set clear strategic ambitions and practical actions to be progressed at a GM level for the duration of our two-year plan.
- Provide clarity on locality expectations in relation to homeless healthcare and support to deliver.
- Acknowledge the transformed context in which we now work as a result of Covid-19 and the opportunities and challenges this presents.

2.3.4. Alongside this shift in approach, there still remains areas of operational activity that we can lead from Greater Manchester that add value to work in localities and will support to replicate this at a local level. These have been captured in a draft workplan. The ethos of improving our existing system to benefit some of our most vulnerable residents underpins and shapes all of this activity.

2.3.5. The points below cover an overview of planned activity with further detail provided in Appendix 2 and drafting of a full workplan to follow engagement with political and system leaders.

- Better understanding health needs of our homeless population, including each locality to undertake or update a 'Homeless Health Needs Assessment' to inform their plans and further GM priority setting.
- Development of GM commissioning guidance and standards to embed our Inclusion Health approach, including accessibility of mainstream services. This will focus on Mental Health as a priority.
- Support of 'mental well-being' in new self-contained accommodation to prevent social isolation.
- Training and upskilling our workforce building on our previous progress, with a focus on training for clinicians through 'Homelessness and Inclusion Health Champions' training.
- Articulating ongoing Covid related response, which confirms routes to access to testing and comprehensive approaches to Infection Prevention and Control.
- Roll out of specific projects into ABEN provision, including screening and immunisations and technology to enable remote access to Primary Care.

## **2.4. Homeless Health Leads Network**

- 2.4.1. All of the work outlined above requires improved connectivity to localities, so that we are able to describe a clear model and ambitions for homeless healthcare, but building on where localities are now and on local priorities. We plan to enhance the role of the Homeless Health Leads, as identified by JCB, and actively engage with these Leads as a Network.
- 2.4.2. This will take an asset-based approach to 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 Network will facilitate sharing of this best practice and enhancement of successful models. It will also provide a defined point of contact and ensure that local practice shapes the work of the GM Homeless Health and Wellbeing Group.
- 2.4.3. An initial letter has been circulated to the Network this week to start initial work to refresh our audit of current homeless health provision, learn from experiences during Covid, and ask that each locality undertakes an assessment of health needs in their homeless population.

## **3.0 RECOMMENDATIONS**

- 3.1. The Greater Manchester Joint Commissioning Board is asked to:
  - Note the content of this report and the approach outlined by the Health and Wellbeing Task and Finish Group.

## APPENDIX 1.

### Homeless Health and Wellbeing Task and Finish Group – Activity to March 2020

- 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. Headlines are included in Fig. 1 below.
- 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.
- Established the Homeless Families Task and Finish Group, led by GMHSCP, as a second sub-group of the GM Homelessness Board.
- Launched a GM version of ‘My Right to Healthcare’ cards in partnership with Groundswell, to help people experiencing homelessness register with a GP practice.
- Provision of support where appropriate to the agreed case management approaches for the most entrenched rough sleepers who are not accessing ABEN.

## APPENDIX 2

### Homeless Health and Wellbeing Task and Finish Group - Proposed Workplan Activity

1. *Better understanding health needs of our homeless population*
  - Utilise health related information from assessment at move on from hotels.
  - Each locality to undertake or update Homeless Link 'Homeless Health Needs Assessment'.
  
2. *Development of GM guidance and standards (including accessibility of mainstream services)*
  - Primary Care – Year 1
  - Mental Health (including substance misuse and trauma informed practice) - Year 1
  - Secondary Care – Year 2
  - Further areas for consideration based on need – Year 2
  
3. *Support of 'mental well-being' in new self-contained accommodation to prevent social isolation*
  - Groundswell peer led 'Call and Check' service as mental wellbeing support
  - Understanding further requirements and service provision that will support mental wellbeing, with particular reference to role of the VCSE sector.
  - Mental wellbeing and support aligned to homelessness prevention.
  
4. *Training and upskilling our workforce*
  - ABEN - continued roll out of education and training based on initial learning session in January 20.
  - Clinicians - roll out of Homelessness and Inclusion Health Champions training to clinical and non-clinical GP practice staff.
  - Training opportunities for wider services to encourage delivery of more inclusive mainstream services.
  - Identifying opportunities to support VCSE partners with the skills to respond to non-clinical health and care needs where required.
  
5. *Articulating ongoing Covid related response*
  - Infection prevention and control
  - Access to testing and contact tracing systems
  - Identified treatment pathway
  
6. *Roll out of specific projects into ABEN*
  - Screening and immunisations (flu vaccinations, Hep C screening)
  - Mental wellbeing support, including peer support from Groundswell
  - Technology to enable access to health services, including Primary Care
  - Access to other primary care services (dental, optometry)
  - Connectivity to wider programmes of support where appropriate