

HOUSING LIN POLICY BRIEFING

Getting involved with health: an introduction for homelessness professionals

1. PURPOSE OF THIS BRIEFING

This briefing is a joint publication between the Department of Health, Homeless Link and the Housing Learning and Improvement Network

This briefing paper sets out ways in which homelessness professionals can engage with health care professionals and seeks to explain the basic premises surrounding the health care structures. Joint working between health services and homelessness agencies can lead to improvements in health care delivery and the health of people who are homeless. Ensuring appropriate health and social care may reduce overall costs by reducing the severity of health problems, avoiding the use of crisis services such as Accident and Emergency departments and by preventing the loss of accommodation.

2. STRATEGIC CONTEXT

The White Paper 'Our health, our care, our say'¹ emphasised that PCTs and local authorities should work together to provide services for vulnerable groups such as people who are homeless or living in temporary or insecure accommodation. The Commissioning Framework for Health and Well-being², which is part of the implementation of the White Paper, describes ways in which closer links between health and social care can be developed and joint commissioning can occur. It focuses, through improved commissioning, on prevention, independence and tackling inequalities in health and social care.

¹ *Our health, our care, our say: a new direction for community services*, Department of Health, January 2006 – <http://www.dh.gov.uk/assetRoot/04/12/74/59/04127459.pdf>

² *Commissioning Framework for Health and Well-being*, Department of Health, March 2007
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604
- 16k - 11 Apr 2007 -

3. HEALTH SERVICES

Health care is mostly provided by primary and secondary care. Primary care treats and supports most health problems but, when more specialised care and treatment are needed, will refer to secondary care providers.

Primary care

Primary care includes people based in general practice, such as general practitioners (GPs) and practice nurses. Many primary care community services work with general practice staff, such as district nurses, health visitors, midwives, mental health workers and podiatrists. Community pharmacists and dentists also form part of primary care services. Primary care services are almost all provided in the community but some are based in hospitals, such as out of hours services based within Accident and Emergency departments. Primary care trusts (PCTs) manage or commission primary care services.

Secondary care

Secondary care services are specialised and mostly accessed by referral from primary care (often a GP). Secondary care includes both hospital and community based services. For instance, secondary mental health includes both community mental health teams and in-patient units. Often people are referred back to primary care services after they have received secondary care assessment and treatment.

Tertiary care

Tertiary care services are more specialised and often only accessed by referral from a secondary care worker. For example, a person might be referred to mental health services but require more specialised care only available from a tertiary service provided by the same or a different mental health trust.

Secondary and tertiary care services are commissioned by PCTs but provided by health trusts (acute, mental health, foundation).

Strategic structures

The **Department of Health** is responsible for funding, directing and supporting the NHS.

Strategic Health Authorities (SHAs) are responsible for managing, monitoring and improving local services. They are a key link between the Department of Health and the NHS. England is split up into 10 SHAs which were set up to develop plans for improving health services in their area and to make sure their local NHS organisations are performing well.

Within each SHA, the NHS is split into various types of trusts that are responsible for running the different NHS services.

PCTs are responsible for assessing local needs and commissioning care to meet these needs. They are also responsible for getting health and social care systems working together for the benefit of patients.

Acute trusts

Hospitals are managed by acute or foundation trusts, which make sure that hospitals provide high quality healthcare, and that they spend their money efficiently. They also decide on a strategy for how the hospital will develop, so that services improve.

Some acute trusts are regional or national centres for more specialised care. Acute trusts can also provide services in the community, for example through health centres, clinics or in people's homes.

Foundation trusts

Foundation trusts are a new type of NHS hospital run by local managers, staff and members of the public, which are tailored to the needs of the local population.

Ambulance trusts

Ambulance services provide emergency access to healthcare. The NHS is also responsible for providing transport to get patients to hospital for treatment. In many areas it is the ambulance trust that provides this service.

Care trusts

Care trusts are organisations that work in both health and social care. They may carry out a range of services, including social care, mental health services or primary care services.

Mental health trusts

Mental health trusts provide health and social care services for people with mental health problems.

Special health authorities

Special health authorities provide a health service to the whole of England, not just to a local community – for example, the National Blood Authority.

Details can be found on the NHS Choices website – www.nhs.uk

4. COMMISSIONING OF HEALTH SERVICES

Primary Care Trusts (PCTs) are responsible for commissioning health services to meet the health needs of their local population. A number of services are commissioned at a national level for uncommon problems, such as heart and lung transplantation.

Public Health

Each PCT has a Director of Public Health (DPH), usually a joint appointment with the local authority. Public health departments can be the most effective route to strategy and commissioning within a PCT. Public health staff are

accustomed to seeing the bigger, strategic picture of health needs. They attempt to understand the wider influences on individuals and populations such as:

- housing
- employment and activity
- environment.

Public health staff have expertise in needs assessment and in determining the cost effectiveness of service provision. They are particularly concerned with addressing health inequalities and ensuring that services meet the differing needs of individuals and groups. Generally, there will be public health input to all health related strategies and identifying the relevant person can be a way of ensuring that the specific needs of people who are homeless are taken into account. Contact details may be found in published strategies, or by telephoning the local public health department. Contact information should be on PCT websites (details can be found on the NHS Choices website www.nhs.uk).

Perhaps the most important strategies to be involved with are those for mental health, learning disabilities, brain injury, sexual health, older people and drugs and alcohol. Public health will often have the lead on emergency planning and it is useful to ensure that homelessness agencies are included in local plans, such as those for avian flu pandemics.

Homelessness strategy

Health should be an integral part of local homelessness strategies. Local Authorities are responsible for reviewing homelessness strategies, but should have a named lead within the local PCT who is involved in this work. Alternatively, the Director of Public Health should be able to assist.

PCT prospectus

Every PCT produces an annual prospectus describing their services for the local population. A detailed commissioning plan should accompany the prospectus. PCTs carry out public consultation during the development of the prospectus, which provides an opportunity to raise the profile of the health and social care needs associated with homelessness. Information should be available on PCT websites regarding about these consultations.

Joint Strategic Needs Assessments

PCTS and local authorities will be required to undertake joint strategic needs assessments (JSNA) to inform commissioning of services. Directors of Public Health are responsible for these. Data about homelessness are difficult to obtain from most health and social care data sources, and routine statistics such as censuses. DPHs will welcome any data that can be provided by homelessness agencies. Homelessness services may be able to provide vital information from their own client monitoring forms, through Supporting People data or through records kept by visiting health staff.

Commissioning Leads

Many commissioners will have little experience of working with people who are homeless. Visits to projects can be an efficient way of demonstrating needs and difficulties with service provision.

Directors of Commissioning in PCTs (or a similar job title) will be influenced by the findings of joint strategic needs assessments, but will also welcome other information. Details about the cost effectiveness of ways of responding to the health needs of people who are homeless can be powerful influences on commissioning. For example, Thames Reach in London obtained Invest to Save funding to pilot a new approach to working with the emergency services. This introduces a single portal for information, advice and referrals about rough sleepers by public and mainstream services, thereby enabling individuals' needs to be fully assessed and to be referred on to appropriate specialist services. The pilot is now active in almost all London boroughs and is a partnership between a number of statutory agencies, including the Metropolitan Police, British Transport Police, London Ambulance Service and the NE London Strategic Health Authority.

In some areas, Supporting People (SP) teams have taken the lead in developing joint strategies and commissioning. Most homelessness service providers are already in contact with their local SP team. One option is to raise issues through the local SP provider forum.

Local Involvement Networks (LINKs)

The current system of patients' forums, within health, is being replaced with LINKs from April 2008. LINKs represent a key development in improving the commissioning of health services as they will play a vital role in encouraging and enabling a greater range of people to influence the commissioning and provision of health and social care. Homelessness agencies can become involved in these and help influence services to respond to the health and social care needs of people who are homeless. Local Authorities are taking the lead on setting up LINKs. To find out more about LINKs

<http://www.dh.gov.uk/patientpublicinvolvement>

Health scrutiny committees

Local Authorities have health scrutiny committees, of elected members, which can be asked to review health provision. Details of these committees will be available on Local authority websites. Homelessness agencies may find these useful if they are unable to raise awareness of the health needs of homeless people through the mechanisms suggested above.

5. SERVICE PROVISION

Health professionals will find that making links with key people in the local homelessness services which clients/residents most commonly use can be very useful. Contact offers the opportunity to clarify the problems faced by people who are homeless such as their housing situation or their ability to comply with complicated medication regimes. It is particularly important that

health and social care staff are aware that hostels are not equivalent to residential care. Homeless professionals may find that a fruitful way of developing relationships is to offer health staff the opportunity to visit projects. If homelessness agencies do not already have any contacts with a service, it may be useful to contact the local team manager, whose details should be available from local trust websites (details can be found on the NHS Choices website www.nhs.uk). The key contacts for commissioning which are shown below should be able to direct enquiries to the relevant person within a health service. Health staff can contact local authority housing departments to identify key local homelessness contacts. All housing departments will have a person who is the lead for homelessness.

Clarification of the sorts of problems and difficulties that should be referred, and to which health services, can be important. It may be possible jointly to develop checklists or decision trees that can be used to determine not only when a referral to health or social care is appropriate but also how and to whom the referral should be made. In some cases, it may be possible to adapt standard referral forms to ensure that relevant information is provided, as this may be different from that required for a person not experiencing homelessness. Health and social care staff will have the chance to understand the issues that concern homelessness agencies and can better shape their care, treatment and support to suit individual circumstances. Furthermore working closely with homelessness staff can help to avoid unnecessary hospital admissions and crisis use of services.

The Health Protection Agency, through the local Public Health department, can provide support in the event of an outbreak of any infectious disease in a hostel. They can also provide advice about occupational health including the development of policies to ensure that residents and staff are protected from others with communicable diseases.

6. INDIVIDUAL CARE

Everyone living in the UK on a lawful and settled basis can join a GP practice's list of NHS patients. This can be done by visiting a practice near to where a person is living and applying to be registered. GP practices have wide discretion in accepting or declining applications to join their lists of NHS patients. Where they refuse an application, the practice must have reasonable, non-discriminatory grounds for doing so.

If a person is having difficulty registering as a NHS patient with a GP practice, then the local registration department can help, and, where necessary, use its power to allocate a person to a practice's list. Allocation means that there is no choice of general practice. Contact details for the registration department can be obtained from the local PCT via either telephone or using their website. Details of PCTs can be found on the NHS Choices website. www.nhs.uk

GP practices can also provide treatment to people who are temporary residents. This applies to anyone who is in an area for more than 24 hours

but less than 3 months, who can apply to a practice near to where they are staying and apply to join its list as a temporary resident. A practice has the same discretion in accepting or declining – on reasonable grounds - such an application in the same way as it has for a person wishing to join its list as a registered patient on a more permanent basis (see above). It is not necessary for a person to be registered with a GP practice elsewhere in order to be accepted as a temporary resident.

If someone does not have an address, they can still be registered with a general practice on a permanent basis. The address given for registration purposes will usually be that of the practice. There is no reason for people in temporary housing or supported accommodation to be registered on a temporary basis.

NHS Walk in centres are predominantly nurse-led services which provide treatment for minor injuries and illnesses without the need to register or make an appointment. Some are open 24 hours and a number are based within Accident and Emergency departments. Details can be found on the NHS Choices website www.nhs.uk

Details of all local general practices and their PCTs can be obtained from the NHS Choices website www.nhs.uk or NHS Direct. Both have information about how to register with a general practice and links to information about other local health services, such as dentists and pharmacists.

Registration with a dental practice is similar to registering with a general practice, but not all dental practices accept NHS patients. There are a small number of dental access centres which can be used by anyone entitled to NHS care. Details of their locations can be found on the NHS Choices website www.nhs.uk .

Some specialist services offer direct access, sometimes without an appointment. These include sexual health (GUM), drug and alcohol advice, mental health crisis resolution teams and health promotion services such as smoking cessation. Following initial assessment and advice most services will arrange for any follow up that is necessary to be undertaken by the most appropriate local service. Information about these services can be obtained from the local PCT, or their website.

Accident and Emergency (A+E) departments should be used only for emergencies, they are not intended for care that could be provided by other health care services and are not equipped to offer follow up or long term care. People who attend for non-emergency care can expect to wait, as those requiring urgent attention will take precedence.

RELATED CSIP NETWORKS MATERIALS AND INFORMATION

- Factsheet 16 on Extra Care Housing models and older homeless people
- Toolkit on Assessing Health Risks and health inequalities in housing
- A report on health promotion and homeless hostel provision
- Briefing on the prevention of homelessness: the role of health and social care
- Briefing on Improving Access to Health and Social Care Services by people who are homeless
- Briefing and examples of hostels for the homeless and health services

If you would like further to receive further briefings from the Housing Learning and Improvement Network (LIN) and/or information on our national/regional events and associated learning tools and resources, please email us at housing@csip.org.uk or write to Housing LIN, CSIP Networks, Department of Health, 3rd Floor, Wellington House, 133-155 Waterloo Road, London SE1 8UG or visit www.icn.csip.org.uk/housing.

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